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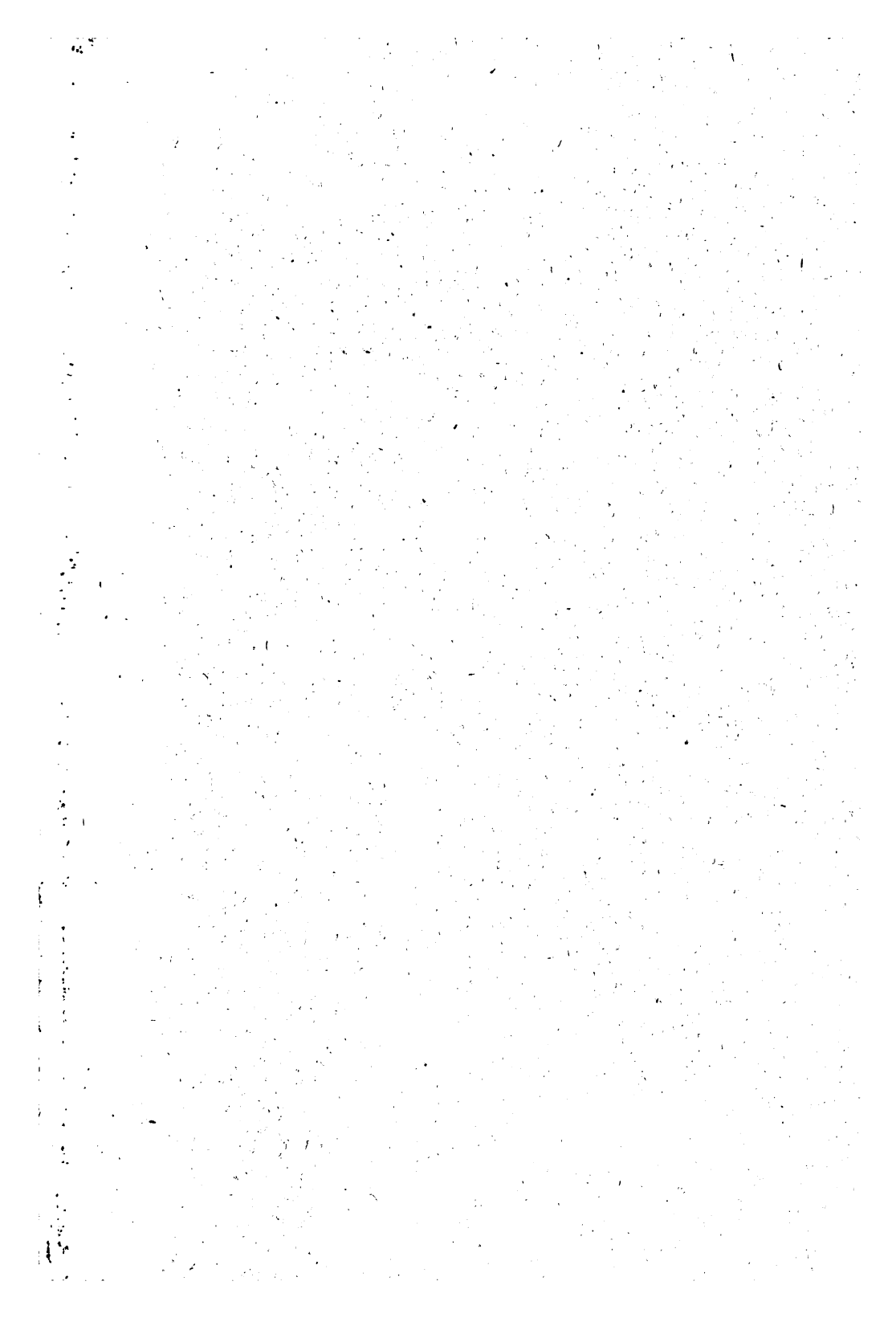
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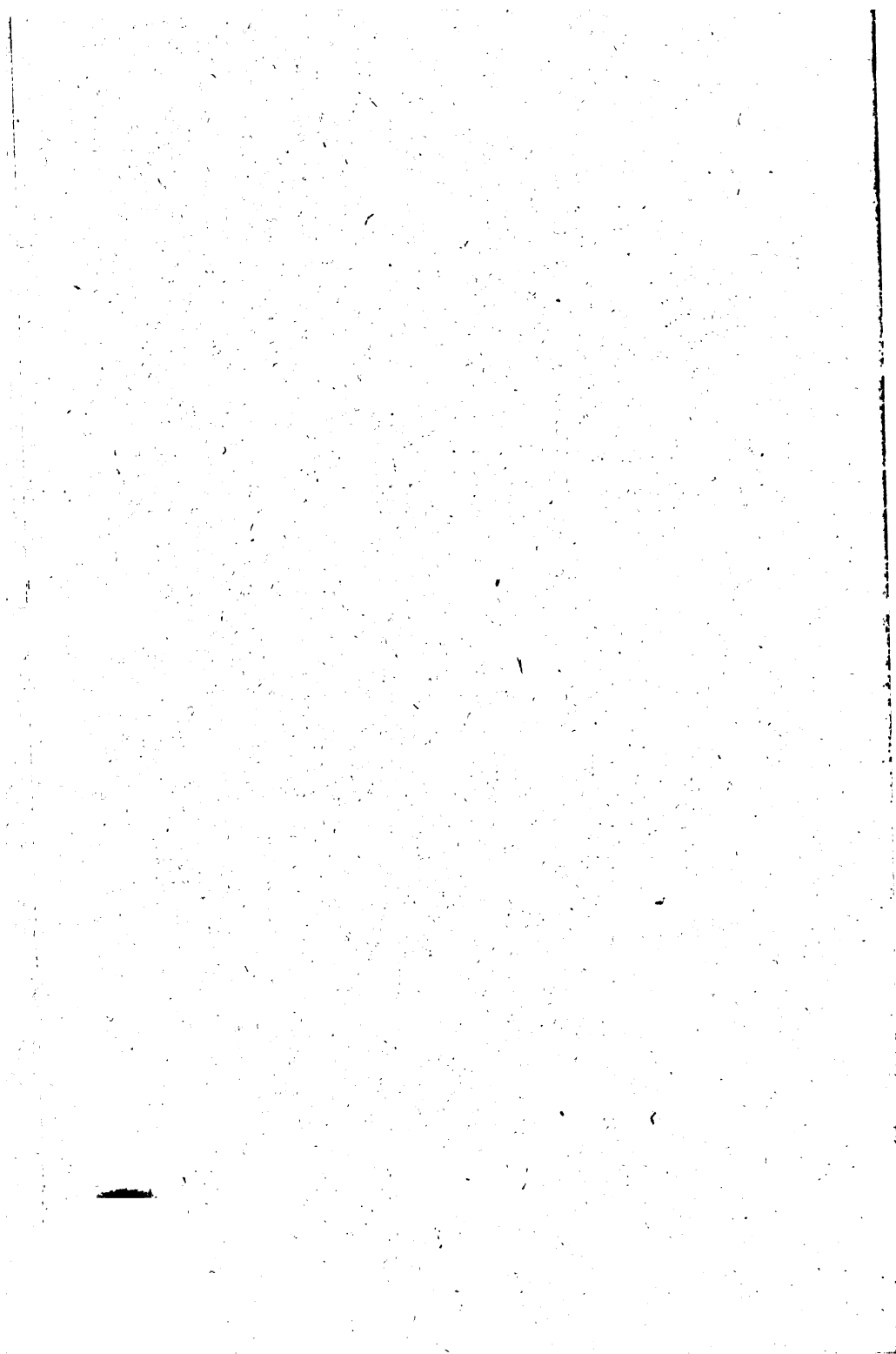
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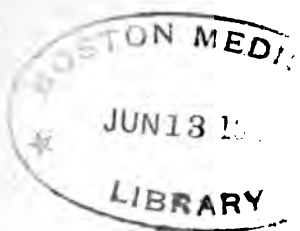
HOMŒOPATHIC MEDICINE AND SURGERY.

PHILO G. VALENTINE, A. M., M. D.,

EDITOR.

VOLUME III.

ST. LOUIS:
J. H. CHAMBERS PRINTING COMPANY, 209 NORTH FOURTH STREET.
1881.



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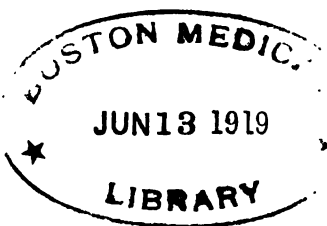
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PHILO G. VALENTINE, A. M., M. D., EDITOR.

VOLUME III.

ST. LOUIS, MO., MARCH 15, 1880.

NUMBER 1.

FOREIGN BODIES IN THE EAR.

[Read at Joint Convention of Western Academy of Homœopathy and Missouri Institute of Homœopathy, May 9, 1879, St. Louis, Mo.]

BY JAMES A. CAMPBELL, M. D., ST. LOUIS,
Prof. Ophthalmology and Otology. Hom. Med. Col. of Mo.

The above title in reality would include foreign bodies in any part of the auditory apparatus, but I shall qualify it by taking into consideration only the *meatus auditorius externus* or outer canal of the ear. It is not uncommon for foreign bodies to become lodged in this canal, some times by accident and occasionally by design. All kinds of strange things have been deposited there, beans, beads, buttons, seeds, pebbles, slate pencils, insects and innumerable other foreign bodies. But as a writer has very properly said, "The presence of these bodies is usually less injurious than the attempts to remove them. And upon this topic Trœltzsch spoke a truth when he said, "Suppurative processes in the ear are indifferently regarded, or considered as a sort of a 'noli me tangere,' while a harmless bit of bread or paper, a grain of shot or a pea is followed up with unrelenting fury." But a foreign body in the ear is found sufficiently often to call it almost an every day occurrence, and the physician will be called upon to remove it, and the question is, how should this be done? Sometimes it is a very simple matter, but

at other times it will be found to be an exceedingly difficult undertaking, as probably some of you have found out.

I shall not impose upon your time to go into an historical account of the laughable and ridiculous expedients which have been suggested for the removal of foreign bodies from the ear; many of them are indeed incredible. The amusing and in some respects the ridiculous aspects of the subject may be represented by the proposition of Arcularius, who recommended that when an insect was in the ear, that the head of a recently killed lizzard be placed in the ear, and three hours afterward the insect would be found in the lizzard's mouth. Or Bermond in 1834, who removed a bean from the ear by placing a leach upon it. Or the celebrated Itard in 1821, who gravely recommended that seeds be left in the ear until they had sprouted, and then that they be removed by the sprouts.

A description of the innumerable instruments, that have been invented for the removal of foreign bodies from the ear would make a good sized volume. And the fact that so many various forceps, hooks, perforators, drills, picks and other devices have been invented for this purpose, shows that after all it is a subject of considerable importance.

Before we can come to an intelligent comprehension of the subject of the removal of foreign bodies from the external *meatus*, it will be necessary to direct our brief attention to the *Anatomy* of the parts concerned. In the adult the *meatus auditorius externus* is a canal about one inch long, extending from its external orifice at the *Auricle* to the *Membrana Tympani*, which stretches across the bottom of the canal terminating it. The inner two thirds of the canal is bony, the outer third is cartilaginous. The canal has various curvatures and generally varies also in calibre in its course. The *Membrana Tympani* is not placed perpendicularly across the end of the canal, but at an angle. This angle varies somewhat, but in the adult the angle it makes with the superior wall is about 140° ; with the inferior wall it is about 50° . Now

in the infant these conditions are different. The bony auditory canal is undeveloped, hence the canal is that much shorter; and the inferior angle of the *Membrana Tympani* is very much more acute, the drumhead in reality approaching very nearly to the horizontal. The diagrams which I have here drawn will perhaps render this brief description more intelligible. You will see from this, that in the depths of the ear canal there is an acute angle, into which it is possible for a small foreign body to become lodged in such a manner, that its extraction would be difficult.

Let us now proceed to consider the treatment for foreign bodies in the ear.

The first and all important thing, is to know positively that there is a foreign body present before we attempt to remove it. This may seem superfluous advice, but there is more than one case on record where the statement of the patient or the nurse was accepted in full faith by the surgeon, and a blind gouging around resulted in nothing but severe and at times permanent injury to the parts concerned. The external *meatus* should be well illuminated by means of an ear mirror, with a speculum in position if necessary, for thus and thus only the exact location, size and character of the offending body can be determined. If the foreign body is lying near the external orifice, is small, or is of such a shape that it can be readily taken hold of, a pair of angular ear forceps delicately manipulated, will often be all that is necessary for its speedy and painless removal. But it is often more deeply situated and may become wedged into the inferior acute angle spoken of above. It is then that more care and skill are required. The great instrument for the removal in these cases, as indeed I may say in the greater majority of all cases, is the syringe. So valuable is it, that we may safely use it in almost every case. From a blunt pointed nozzle inserted nearly into the *meatus*, a stream of warm water is steadily forced into the canal, and if persisted in it rarely fails to bring away the foreign body with the return flow of water. If it be

a live insect in the ear, the simplest and best method is to fill the *meatus* with warm water, when the insect is either drowned and floats out to the orifice, or it speedily makes its appearance in its endeavors to escape.

There are cases however which, instead of being thus easily relieved, require the utmost ingenuity and skill to remove the foreign body. This is especially the case when from frequent and repeated endeavors to remove some harmless body by the patients numerous friends, it has been pushed still deeper into the canal, and possibly through the drumhead into the tympanic cavity. The parts are lacerated and swollen, and become excessively sensitive, and particularly in children, the most frequent subjects, will not tolerate the lightest touch. In such cases as these an anæsthetic must necessarily be used. In cases where the foreign body is itself of an unirritating nature, and the irritation has been caused alone by the misguided efforts to remove it, it is much better to wait a few days until the inflammation subsides somewhat before attacking it. Any discharge should be carefully and gently syringed away with warm water, and the patient kept in quiet under the immediate supervision of the physician. If after proper and persistent use of the syringe we fail to remove the foreign body then instrumental interference becomes necessary and advisable. If the body is deeply imbedded and the parts are inflamed and sensitive the patient should be placed under an anaesthetic, particularly if it is a child. The head should be firmly held and the parts well illuminated by means of the mirror attached to the forehead, thus allowing the free use of both hands. The most suitable instrument to use will depend very much upon the case. Often with an angular probe carefully manipulated, we may loosen up the body so that it may be readily syringed out. A delicate pair of angular forceps with fine tooth points slightly projecting, is an instrument of great value in these cases; but success will often depend more upon the manipulation than upon the instrument.

There is a long list of probes, spuds, spirals and other

devices to chose from, but it is seldom necessary to have recourse to them, in fact, it would be no great loss if a majority of them were forgotten.

When the foreign body is smooth and round, as a glass bead, button or other similar substance, and we are unable to take hold of it with the forceps, or other instruments, then other means may be used. Several devices which have been suggested deserve mention. A machinist, in New England, removed a foreign body by making a strong solution of gum shellac in alcohol, and placing it upon some cotton in a quill, it was brought in contact with the foreign body, and allowed to adhere by remaining in this position for twenty-four hours, when they were both withdrawn together.

Dr. Lowenberge's suggestion was similar. He used a small brush dipped in joiners' glue, and allowed it to remain in contact with the outer surface of the smooth body until it had hardened there, and then withdrew both together.

Dr. E. H. Clark, of Boston, recommended that when the foreign body was a smooth, hard ball, that a small square of adhesive plaster, with a thread passed through it, be placed in contact with the foreign body and sunlight concentrated upon it by a lens, thus causing it to adhere, when the body could be withdrawn by the thread.

All of these suggestions may look most inviting upon paper, and, theoretically, they are all that could be desired. No doubt but there may be found cases where they can be readily applied, but the unfortunate part of the matter is, that, especially in children, the calibre of the external *meatus*, even in its normal condition, is generally so small that it may interfere very much with the ready application of these ingenious suggestions. If the canal is crooked, or its diameter contracted by swelling, it all the more complicates the case, and thus very little of the glue or shellac would remain upon the brush by the time it reached the foreign body. And the concentration of sunlight upon the adhesive plaster by means of a lens, under circumstances like these, would be no easy matter. Again,

if the foreign body was small, round and hard, and wedged into the acute inferior angle spoken of, it is possible for the glue to become attached, not only to the offending body, but also to the *Membrana Tympani*, and attempts at removal after it had adhered, might not only bring away the bead, or button, but also a part or all of the delicate drumhead. Of course, it is not presumed that any of these methods would be employed unless the case was a suitable one, and their use was clearly indicated.

Over two thousand years ago Hippocrates suggested that the auricle be detached when it was found impossible to remove a foreign body through the canal, and the operation has been advocated and performed in modern times in certain peculiar cases ; but such cases are very rare. It is possible for certain foreign bodies to be so situated, deeply in the ear, that they may cause very grave symptoms, produce convulsions, paralysis, and even fatal results. When such a threatening case is before us, we should not hesitate to use the most prompt and vigorous means to remove the foreign body, even to detach in part the auricle if found necessary.

If after the removal of the foreign body, there remains in the canal any inflammation or irritation, appropriate after treatment should be applied. If any discharge is present it should be gently syringed away with warm water and a few drops of some weak astringent lotion should be dropped in ; a weak solution of biborate of soda or of sulphate of zinc in equal parts of glycerine and water, warmed, will answer.

It may not be uninteresting for you to examine a few of the numerous instruments designed for the removal of foreign bodies from the ear, which I here present for your inspection. But I cannot close without again emphasizing the fact, that the syringe properly used, is after all the great instrument for the removal of foreign bodies from the ear, in by far the great majority of cases ; and that when it is necessary to use other instruments, success often depends, as in all other operations, more upon the operator than upon the instrument used.

**FINAL REPORT ON THE MILWAUKEE
TEST OF THE THIRTIETH
DILUTION.**

The Milwaukee Academy of Medicine, in completing the Pathogenetic and Therapeutic Test of the Thirtieth Hahnemannian dilution, makes the following report :

That the unavoidable delay in making the report, was due to the removal of the depository, Rev. G. T. Ladd, from this city, to Brunswick, Maine; to his absence from home, caused by the illness and death of his father, and to the tardiness of the reports from the experimenters.

That in carrying out the provisions of the test, we have adhered strictly to the details of the plan for a scientific test of the pathogenetic and therapeutic action of the thirtieth Hahnemannian dilution; full particulars of which, were published in the circular issued by this society in December, 1878. The *object* of the test and the *modus operandi* were announced as follows :

* * * "The object of this test is to determine whether, or not, this preparation can produce any medicinal action on the human organism, in health or disease,

"A vial of pure sugar pellets, moistened with the thirtieth Hahnemannian dilution of *Aconite*, and nine similar vials, moistened with pure *alcohol*, so as to make them resemble the test pellets, shall be given to the prover. The vials are to be numbered 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10. The number given to the *Aconite* vial shall be unknown to the prover, and it shall be his task to determine which of the ten vials contains *Aconite*.

"These preparations are to be put up with the greatest care, in the presence of the members of the *Milwaukee Academy of Medicine*, and then placed in the hands of an unprejudiced layman of unimpeachable honor, who shall number and dispense the vials as they are called for by the provers.

"The provers must be physicians of acknowledged ability, who possess a good knowledge of the recorded symptomatology of *Aconite*, and who have faith in the efficacy of the thirtieth dilution.

* * * *

"Preparations of *Arsenicum album*, *Aurum metallicum*, *Carbo vegetabilis*, *Natrum Muraticum* and *Sulphur* in the thirtieth Hahnemannian dilution, made with the same precautions and care as this of *Aconitum*, shall be used as a test of the *therapeutic* powers of the thirtieth dilutions. In consideration of the inconvenience of experimenting on the

sick, arising from popular prejudices, the number of vials of "un-medicated" pellets may be limited to one for each remedy, and the experiments tried mostly in chronic diseases. The real gain to the healing art, which will be accomplished by the establishment of the truth or falsity of the theory of "potentization," will amply compensate for the risk of delaying a few cures.

"The experimenters must be physicians of acknowledged ability, who possess a good knowledge of the therapeutic indications of the remedies tried and who profess faith in the efficacy of the thirtieth dilution. * * *"

The committee appointed by the Milwaukee Academy of Medicine, for the purpose of making arrangements to prepare a scientific test of the efficacy of the Thirtieth Hahnemannian Dilutions, reported as follows :

MR. PRESIDENT: Your committee have carefully considered the plan proposed in Dr. Lewis Sherman's paper, for testing the efficacy of the thirtieth Hahnemannian dilution, and we are unanimously of the opinion that the test proposed in that paper is fair and honorable, and that the interests of science demand that it should be made.

We recommend,

That our society undertake to carry out the provisions of this test, and that to this end the essential features and the practical details of the test be given for publication as soon as practicable to every regular Homœopathic periodical printed in the English language; and that translations of the same be sent to every known regular Homœopathic periodical printed in foreign languages; and that all other appropriate and accessible means be employed to give the test publicity.

That the directions given by Hahnemann for the preparation of the thirtieth dilution be followed with the most scrupulous exactness; that the *Alcohol* used be of the purest quality obtainable, and that to this end, a quantity of the best, so-called "Homœopathic Alcohol" be redistilled in glass for the purposes of this test.

That the Rev. Geo. T. Ladd, of Milwaukee, be selected to number and dispense the vials of test pellets as they are called for by the provers and experimenters; and that he give a solemn pledge that he will not, in any manner, reveal to any person which of the preparations coming from his hands have been medicated with the thirtieth dilution, until he shall have been called upon to do so by this society, and that he will use every means in his power to preserve the purity of the materials entrusted to his care, and to make the test fair and honorable.

That all provers and experimenters be required to send their reports to the secretary, Dr. Albert Schloemilch, before the first day of December, 1879; and that the result be published in full about the first of January, 1880.

And finally, That this society appropriate a sufficient sum of money to defray the expenses of furnishing and delivering the test pellets of *Aconite* to one hundred provers—these being selected from the first who apply—and that the other provers and experimenters be required

to pay in advance to the secretary of the society the sum of thirty cents for each set of test pellets sent them.

Milwaukee, Dec. 3d, 1878.

EUGENE F. STORKE, M. D., ALBERT SCHLÆMILCH, M. D.,
ROBERT MARTIN, M. D., G. C. McDERMOTT, M. D.
E. M. ROSENKRANS, M. D., O. W. CARLSON, M. D.
JULIA FORD, M. D.,

The society unanimously adopted the report, and has used every possible means to give the test publicity.

We would further report: That the medicines used in making the dilutions for the *Therapeutic Test*, were obtained from the pharmacy of Messrs. Boericke and Tafel, and the *Aconite* tincture was tested by several members of this society, and found to produce its pathogenetic effects.

That the dilutions were made by this society, in accordance with the Hahnemannian directions for the preparation of the thirtieth dilution.

That at a regular meeting of the society, held April 1st, 1879, the following resolution was unanimously adopted:

"Upon application by any Professor in a Medical College, or any other public advocate of the High Potencies, the Academy will prepare and furnish the 30th Hahnemannian Dilution of *any remedy* in common use, for the purpose, and in accordance with the terms, heretofore published in the pamphlet entitled 'A Test of the Thirtieth Dilution.'"

That in accordance with various requests of the provers we have prepared in addition to the dilutions mentioned in the pamphlet, *Pathogenetic Tests of Nux Vomica, Belladonna and Arsenicum Album, and Therapeutic Tests of Sulphur and Digitalis.*

That the bottles containing the thirtieth dilutions, thus prepared, together with a bottle of the alcohol used in their preparation, were given directly into the custody of the depositary.

That he was also supplied with pure sugar pellets, vials and mailing boxes, and that he was requested to medicate the pellets, and dispense them according to orders, which he might receive from the Secretary.

That the applications for the test cases were given di-

The St. Louis Clinical Review.

rectly to the depositary as soon after their receipt as possible; that all cases given out were sent by him in response to applications received by this society from the provers; and that in answer to our request we received from him a thoroughly sealed envelope, containing the subjoined report:

BOWDOIN COLLEGE, BRUNSWICK, }
Maine, Jan. 26th, 1880. }

To the Milwaukee Academy of Medicine.—*Gentlemen:*

The report which is herewith submitted to you, I beg leave to preface with the following statements: The work which you did me the honor to entrust to me, has been most carefully and scrupulously done; the record has been accurately kept and secluded from all eyes but my own.

Great pains have been taken to exclude entirely the possibility of guessing the medicated vials, instead of discovering them by scientific experiment.

Nothing has been permitted to indicate a difference in the vials tested, or to make it possible for any experimenter to detect in any way the reasons for choosing one number rather than another of all the vials numbered to contain the medicated pellets.

So far as the test has been made, it has been made under the fairest conditions possible for me to secure.

With these remarks I invite your attention to the appended itemized statement of the tests sent, the time of sending, the persons to whom sent, and the numbers in each test of the medicated vials.

These, gentlemen, are all the vials sent out by me in accordance with the instructions received from your committee. I am, very respectfully yours,

GEO. T. LADD,

(Professor of Mental and Moral Philosophy.)

In the tabular statement the number of the medicated vial in the cases not tested or not reported, has been withheld by the Society, for obvious reasons. The last column, giving the report of the experimenter, has been added to make the report complete.

Milwaukee Test.

11

Date 1879.	°	Name of Experimenter.	Residence of Experimenter.	Test.	No. of Tests	No. of Med. Vial.	Report of Experimenter.
Jan. 13	1	Dr. J. W. Thompson.....	Greenfield, Mass.....	Path.	1		No Report.
Feb. 26	2	Prof. C. B. Gatchell.....	Ann Arbor, Mich.....	Path.	5		"
"	3	Dr. H. L. Waldo.....	West Troy, N. Y.....	Path.	1		"
"	4	" W. S. Gillett.....	Fox Lake, Wis.....	Ther.	5		"
"	5	" E. Lippincott.....	Bowling Green, Ky.....	Path.	1		"
Feb. 1	6	" W. H. Blakely.....	" " " " " " " "	"	1	10	Number 5.
Feb. 31	7	" W. B. Fries.....	Manayunk, Pa.....	"	1	2	No Report.
"	8	" G. R. Mitchell.....	Richland Centre, Wis.....	"	1	2	Number 4.
"	9	" C. R. Muzzy.....	Watertown, Wis.....	"	1	1	Number 1.
"	10	" A. W. Woodward.....	Chicago, Ill.....	"	1	1	Number 2.
"	11	" J. H. Thompson.....	New York, N. Y.....	"	1	1	No Symptoms.
June 18	12	" N. S. Pennoyer.....	Kenosha, Wis.....	"	1	10	Number 4.
June 31	13	" C. H. Hall.....	" " " " " " " "	Ther*	1		No Report.
May 5	14	" M. A. Rebs.....	Madison, Wis.....	Path.	2	2	Number 10.
"	15	" O. W. Smith.....	Union Springs, N. Y.....	"	1		No Report.
"	16	" " " " " " " "	" " " " " " " "	"	1		"
"	17	" " " " " " " "	" " " " " " " "	"	1		"
"	18	" " " " " " " "	" " " " " " " "	Ther.	3		Number 6.
"	19	Prof. A. Uhlemeyer.....	St. Louis, Mo.....	Path.	5	3	Arsenicum 1.
"	20	Prof. A. Uhlemeyer.....	" " " " " " " "	Ther.	1		No Symptoms.
"	21	Dr. W. F. Morgan.....	Leavenworth, Kan.....	Path.	1		No Report.
"	22	" W. F. Morgan.....	" " " " " " " "	Ther.	1		"
"	23	" O. S. Childs.....	Beaver Dam, Wis.....	"	5		"
June 18	24	" Collisson.....	St. Louis, Mo.....	Path.	3		"
"	25	" " " " " " " "	" " " " " " " "	Ther.	1		"
"	26	Wm. Egbert.....	Indianapolis, Ind.....	Path.	5		"
June 27	27	" Petrus Nelson.....	Minneapolis, Minn.....	Ther.	5		"
July 28	28	" H. A. Foster.....	Buffalo, N. Y.....	Path.	2		"
"	29	" T. L. Brown.....	Binghamton, N. Y.....	"	1		"
"	30	" E. C. Morrill.....	Norwalk, Ohio.....	"	1		"
"	31	" C. W. Mohr.....	Philadelphia, Pa.....	"	1		"
"	32	" W. M. Butler.....	Middletown, N. Y.....	Ther.	2		"
"	33	" L. A. Campbell.....	Auteboro, Mass.....	"	9		"
"	34	" J. A. Pearsall.....	Saratoga Springs, N. Y.....	"	5		"
"	35	" " " " " " " "	" " " " " " " "	Path.	1		"
"	36	" " " " " " " "	" " " " " " " "	"	1		"
"	37	" " " " " " " "	" " " " " " " "	"	1		"
"	38	" " " " " " " "	" " " " " " " "	"	1		"
"	39	" " " " " " " "	" " " " " " " "	"	1		"
"	40	" " " " " " " "	" " " " " " " "	"	1		"
"	41	" T. A. Martin.....	Delavan, Wis.....	"	1		"

*Five vials, one containing Arsen. 30th.

NOTE.—Beside the above an application was received from Dr. Adams, of Toronto, Canada, for Lyc. 30, in a ten-vial test. The material was prepared at a special meeting of the Academy, and sent by express to Prof. Ladd. Dr. Adams' name not appearing in Prof. Ladd's report, we infer that the package did not reach him, after his removal from this city.

RECAPITULATION.

TEN-VIAL, OR PATHOGENETIC TEST.

Number of tests applied for and sent out.....	25
Number of tests on which reports have been received.....	9
Number of tests in which the medicated vial was found.....	0

TWO-VIAL, OR THERAPEUTIC TEST.

Number of tests applied for and sent out.....	47
Number of tests on which reports have been received.....	1
Number of tests in which the medicated vial was found.....	1

FIVE-VIAL TEST OF DR. PENNOYER.

Number of tests applied for and sent out.....	1
Number of tests on which reports have been received.....	0
Number of tests in which the medicated vial was found.....	0

The thanks of this society are due to Professor Geo. T. Ladd, of Bowdoin College, Maine, for his disinterested work in the interests of medical science; to the *Hahnemannian Monthly*, the *ST. LOUIS CLINICAL REVIEW* and the *U. S. Medical Investigator*, for publishing the plan of the test; and above all, to the persons who have magnanimously taken part in the experiments.

By order of the Milwaukee Academy of Medicine.

SAM'L POTTER, M. D.,

EUGENE F. STORKE, M. D.,

President.

Secretary.

Milwaukee, Wisconsin, February 16th, 1880.

HOMŒOPATHIC DIET.

Ought it to be Maintained, Simplified or Suppressed.

BY DR. BERNARD.

The question of homœopathic diet offers, in my opinion, a character eminently practical, which classes it amongst the problems indicated in the inaugural programme of our association. Each one of us can help elucidate the solution of it, in bringing his share of personal experience.

This appeal to the individual observation of you all, gentlemen, is so much the more opportune, as there exists under so-called homœopathic regimen, the greatest diversity of views, we say even the most absolute caprice. Finally this question is always actual, because it serves daily as a theme of discussion, as well for the friends as for the enemies of homœopathy. That which increases still more the reality of the question, is the recent appearance of the excellent little book of Dr. Van den Neucker. I ought to add that the reading of the work of our confrere d'Harlebeke has above all suggested to me the idea of discussing here the value of the regimen generally known under the name of *homœopathic*.

If we are to believe some of our best confreres, homœopathy furnishes to its adepts arms powerful enough to permit them to renounce absolutely all special diet, which will banish a bugbear and prevent henceforth our adversaries from attributing exclusively to regimen all the merit of our cures.

If, on the contrary we listen rather to the voice of homœopathic tradition, that of Hahnemann and his first disciples, we ought to maintain severe dietetic prescriptions, suitable for assuring or developing the action of homœopathic remedies prescribed in doses often very attenuated; our duty then would be to assume frankly and resolutely the responsibility, indeed even the unpopularity of our prescriptions. Between these two positions radically opposed are placed opinions (*transactionnelles*) which authorize me to place the problem in these terms:

Homœopathic regimen, (diet) ought it to be maintained, simplified or suppressed? It is needless to say that we speak here only of alimentary diet in chronic diseases.

The partisans of the complete abolition of regimen are numerous and distinguished.

In a paper read in 1867 to the "*Congrès homœopathique de Paris*," Dr. Perry thus formulated his thought, "The words homœopathic regimen (*regime*) have no

sense in my opinion ; there is not one special diet for homœopathy and another for the old school, there is only one diet for each patient, according to his constitution, his morbid condition and the indications which the physician proposes to fulfill."

Dr. Alexis Esparet, expresses himself upon this question nearly in the same terms. Similar is the opinion of Dr. Ruddock.

"Homœopathy, says he, is not a system of dietetics, but rather a system of medical treatment." A long experience proves that the curative section of remedies chosen according to the law of similars, is little influenced by the usual food and drink, consequently, aside from certain articles which are disagreeable to the patient, which may disturb his physiological functions and impose upon feeble or diseased organs, a task above their strength. The Homœopathic physicians do not prescribe, so to speak, regimen to their patients."

This estimate conforms nearly to that found in the *Lehrbuch* edited by Willmar Schwabe: Habits, says he, ought to be respected, at least those which have not caused and are not assisting still to maintain the diseases, or at least that do not act as antidotes to the prescribed remedies. To the last category would belong, according to many homœopaths, coffee, which is however the antidote to only a few medicines (*Aconite, Bellad. Bryonia, Cham, Cocculus, Ignatia, Ipec. Hyosc. Lycop. Nux Vom. Phosph. Puls. and Veratrum.*)

But one of the most decided partisans of the abolition of diet is certainly Dr. Russell, as you may judge by the following extracts from the *British Journal of Homœopathy* ;

Dr. Russell declares it to be impossible, usually, to avoid medicinal substances in food and regimen ; he cites in support of his position the chemical analysis of drinking water, and of bread made in London. If we cannot, he says, arrange our patients in order and prepare for them by artificial means the air which they breathe, the water which they drink and the food which they eat,

it is utterly impossible to prevent them, at each hour of their existence, from being exposed to such medicinal influences. Admitting, even adds Russell, that the thing may be possible; it would not be desirable, because it would have as a result, the rendering of the organism too sensible to these influences, when it should find itself accidentally or forcibly submitted to them.

The conclusion of Dr. Russell also is that the observance of a regimen such as Hahnemann desired is utterly impossible and in every case not at all advantageous.

Here is then no necessity of instituting a particular diet; every one ought to drink and eat that which according to his own experience agrees with him and pleases him best.

Here are certainly, gentlemen, formal evidences, and serious arguments in favor of a position which would appear revolutionary to many of the first homœopaths.

This abolitionist position I hasten to say, appears to me too absolute and contrary to the true interests of Homœopathy and of our patients. In my opinion, truth is found here, as it often is, between the two extremes; "*In medio, virtus.*" But I should say willingly, with M. Teste, that an excess of strictness, when one has no fear of discouraging his patients, is preferable, in general, to the opposite system. Hahnemann himself, although severe in his prescriptions, rose already against the exaggerations of certain of his disciples, uselessly rendering the diet more difficult for the sick to observe, which could not be approved, according to the founder of Homœopathy.

M. Van den Neucher makes still more concessions, which perhaps would not have been consented to by Hahnemann.

It would be fastidious to expose here the thousand formulas of regimen, more or less mitigated, adopted by our confreres. Let us cite at random two examples:

Escalier prohibited pepper, acids, aromatic aliments and coffee.

Landry recommended to avoid salads, acids, liquors, hog's flesh, and exciting or strongly spiced meats. It is

well, he adds, to renounce, also, very odorous substances.

These examples will suffice to explain the position of the *conciliators*, in opposition to the *conservators* and the abolitionists.

Here are the reasons which prevent me until now from absolutely renouncing regimen :

First. Without despising the value of experiences which contradict Hahnemann and his first disciples, I find that one forgets too easily those of the genius who has opened to us the way to the truth in therapeutics. Comparative experiments, well studied, would not be superfluous. Being in doubt, we ought not to hasten to tear, even to the last line, the pages written by the master upon this subject.

Secondly. When one does not exaggerate the precepts of Homœopathic regimen, they are not different from those of a rational and well understood hygiene. I have often heard Allopaths express regret at not being able to make their sick follow a diet analogous to ours.

Thirdly. The relative diminutiveness of our doses certainly imposes upon us more minute precautions against the influence of other agents, pathogenetic disturbers. Now, to suppress regimen is to open the great door of a house without knowing who will enter, friend or enemy, which constitutes at least an imprudence. What good in adding one imprudence to those which are already inevitable? Is it not the last drop of water which makes the glass overflow?

Fourthly. The total abandonment of regimen implies the more or less formal denial of antidotes. Indeed Dr. Perry has arrived nearly at this logical conclusion, the corollaries of which are very dangerous ; the arbitrary mixture of Allopathic and Homœopathic medicines, a mixture whose last term ends in mud, in therapeutics.

But it is time for me to stop, gentlemen.

Either Homœopathic diet is necessary—in this case we ought to prescribe for it reasonable demands, at the risk of hurting hostile interests and proprieties—

Or this diet is useless—then let us suppress it without

evasion, ceasing henceforth to repel the sick by severities which in different countries render our method unpopular and seems to justify the belief carefully maintained by our adversaries: "In Homœopathy, regimen is everything, it is it alone which causes the cures."

Whatever may be the solution reserved for this question I think it not unworthy of a conscientious and profound examination.

In reuniting our efforts, in maturing our discussions, we shall succeed, perhaps, in forming grave conclusions, to which shall remain attached, as a title of honor, the name of our association, so recent and already so prosperous.

Translated from the *Revue Homœopathique Belge*, by R. D. Valentine, M. D., Canton, Ill.

HYDROPHOBIA.

Is It an Imaginary Disease?—A Case in Point.

There is perhaps no disease in the whole category of human ills of which physicians know so little as they do of that condition known as rabies canina. Medical literature on this subject is so meagre, conflicting and unreliable both as to its cause, development and treatment, that to the earnest and logical inquirer it sometimes becomes a question whether such a malady as hydrophobia, as understood, exists in reality, or whether hysteria, cerebro-spinal irritation with other derangements of the system and surrounding conditions may bring about this wonderful physical and mental phenomena, or whether the malady is mostly attributable to imagination and hallucination.

History and science furnish evidences almost conclusive that a hydrophobic condition, if we may so designate this phenomena, is often brought on by imagination. Dr. Hunter gives an account where twenty men were bitten by a dog supposed to have been mad, and only one took hydrophobia. The disease has never been communicated to one individual by the saliva of another. Neither have

animals ever been infected with saliva of a hydrophobic man. And a number of instances are on record where men took hydrophobia after being bitten when it was afterwards proven that the dog that bit them was not mad. Science knows nothing of the nature of the virus that is believed to produce rabies, and morbid anatomy reveals no conditions not found in subjects who die of similar diseases. There is no well authenticated case of what has been considered true hydrophobia that has ever been cured by medication, though the magic madstone in the possession of a number of natural fools living in different parts of this and other countries, have cured thousands of people. This is another stray evidence that imagination has much to do in the matter.

But to illustrate still further, I will relate a case that came under my own observation during the past week. I was called about midnight to see a lady twenty-three years of age, with vital and mental temperament, the mental predominating. She is well educated, and rather of a philosophical turn of mind, and usually enjoys good health. Early in the evening she had been bitten above the ankle by a pet dog, and was suffering with the following symptoms: Flashes of heat and pain from the seat of the bite to the brain, producing ringing and snapping in the ears, and numbness of the jaws; this would alternate with trembling and occasional hot flashes and pain in the spine and base of the brain, stricture of the lungs, dryness of throat and tongue, which interfered with breathing and articulation, tears trickling down her cheeks, pulse very quick and vibrating; seemed to be quite rational when engaged in conversation, but in constant fear and intense mental agony. Whenever she closed her eyes the pet dog seemed to jump at her with fiery eyes, the saliva streaming from his mouth, and she insisted that nothing could save her from hydrophobia.

Upon further inquiry I learned that she had always had a perfect horror for strange dogs, and that the thought of hydrophobia invariably forced itself upon her mind whenever she came in close contact with one; and

that only a few days ago she had read a horrible account of hydrophobia in a little girl. An examination of the limb in the locality where she had been bitten revealed no sign of an abrasion of the skin. The case was a plain case of imagination. The startling phenomena before me was nothing but hallucination brought about by a combination of conditions and circumstances. The next question was, what am I to do for this most wonderful and alarming case before me? the anxious heart-aching friends around me, watching my every move and expression. A nerveine, an anæsthetic, a powerful narcotic, yes, anything to quiet and put my patient to sleep were my first thoughts, but upon a moment's reflection I concluded that the pathological condition of the case did not warrant such heroic measures, as it was a mental trouble and not a physical one, and that I must place my efforts in that direction and restore, if possible, the equilibrium of the brain and nervous system. Well, what did I do? I did not prescribe as regularly and homœopathically dictated, but as rationally indicated. I gave minute doses of *Nux Vomica* every ten minutes, and between doses administered common sense and words of wisdom, at the same time accompanying said words with the wise ways of the profession, "which same wise way" we all know sometimes have a wonderful effect upon the patient, especially where mental activity is the controlling power. Having obtained the full confidence of my patient by this course, she so rapidly improved that after the lapse of the three hours further mental treatment was deemed unnecessary; giving orders to continue the medicine at longer intervals I left.

At 9 A. M. I returned, found my patient comfortable, with the exception of a severe headache and a gloomy state of mind. She still had a vivid recollection of all that transpired during the night. Although realizing that all her troubles were imaginary, she at the same time was quite anxious to learn the probable time for the incubation of hydrophobia. After informing her what medicine men know of this process, she drew a long breath

and remarked, "It will be a long time until I can feel absolutely sure that I am safe." A week has now elapsed during which she has received such medication as seemed rationally indicated and she now feels absolutely safe and is positively convinced that the whole phenomena was the result of hallucination. The wonderful influence of the mental faculties over the physical organism in the sick are too often overlooked unless they present themselves, as in this case, so well marked that there can be no mistake. From the similarity of the symptoms presented in this case and those manifested in that condition called rabies, it is no stretch of the imagination to suppose that had it not been for timely aid, this lady's case would soon have developed into that fearful state called hydrophobia, at least such are her own convictions. DR. HAGGART.
Indianapolis, Jan. 28, 1880.

ST. LOUIS SOCIETY DISCUSSIONS.

DISCUSSION CONTINUED ON OVARITIS.

DR. GUNDELACH: We know that remedies do not affect the ovaries so readily as some other organs. The eye or the brain are much more sensitive to drug action, but the liver when it has become disorganized shows little effect from remedies. If I were called upon to name the organs of the body hardest to affect by drugs, I should mention the liver first and then the ovaries. The heart and fibrous and serous tissues would soon come in. I think the remedies that have been mentioned, when carefully adapted, will answer as well as any that are known.

Hot injections and applications are very important. Chronic ovaritis is a very occult disease, and I think there has been no great success in its treatment when the cases have been clearly diagnosed. Ovariectomy is not the dangerous operation it was ten years ago; it is performed in Europe and in this country too, every week; but there is room for great improvement in the medical treatment of chronic ovaritis.

DR. PEARMAN: Dr. Gundelach talks like one that has had experience. Dr. Parsons either did not hear or did not understand my essay. I gave all the symptoms of the disease so far as I knew. I did not enumerate the symptoms of *bell.* or other well known remedies, because I thought my hearers knew them already. I gave the terminations of the acute and chronic forms of the disease. To Dr. Valentine I would say that a sinapism mixed with the white of an egg, and applied two or three times a week, is, in my opinion, the most satisfactory counter-irritant.

I have had a great deal of experience with this disease, and it has not been very satisfactory. The authors with which I am acquainted express the same opinion.

Dr. Parsons talks about taking the ovary between his fingers. I have tried very hard to do this frequently, but never could succeed. I think it cannot be done unless in very emaciated patients. Others agree with me in this opinion. I have never seen much benefit from internal remedies. Exercise, pure air and fruit go a great way towards keeping the bowels regular.

DR. KERSHAW: Several important questions have been brought up in this discussion. One is in regard to reaching the ovary. Charcot, in his experiments upon the nervous system, found in many cases of semi-anæsthesia, a tenderness of the ovary. Compression of the ovary relieved the anæsthesia. He also found that it relieved attacks of hysterical epilepsy. When his views were published in Germany, some of the best authors said that the ovaries could not be reached in the ready manner stated by the author; that Charcot had been mistaken about his compression of the ovary, and that the general compression may have failed to affect the organ at all. It seems that the highest authorities differ upon this point.

Constipation is a harassing complication in this disease as well as in many others. I think it can be cured if the patient will do what she can, for herself. Cathartics will not cure. They only relieve temporarily and in the end aggravate the trouble. Homœopathic remedies will cure,

if patiently and carefully used. Habit has much to do with this very common trouble. Many people have no regular time for evacuating the bowels, but wait until they have an inclination, and often neglecting that, when inconvenient. I have known many cases of constipation cured by the person's sitting a certain time every day for the evacuation of the bowels, and endeavoring to do so at the appointed time whether they felt any inclination or not. At first, if the bowels cannot be made to move without, enemas may be used, but the habit is soon established and the trouble overcome. Fruit diet, and bran-tea are valuable auxiliaries. The bran-tea I have used quite extensively with a great deal of satisfaction. Ovarian troubles are hard to treat. Many cases of ovaralgia must have remedies for the general nervous system. Hysterical patients will have a pain anywhere you want it. A most important cause of ovarian irritation is the practice of preventing conception by injection of cold water or chemical preparations immediately after sexual congress.

DR. PARSONS: The essayist accuses me of hardness of hearing. If she gave an indication for a single remedy I do not know it. She may have alluded to *bell.* for congestion; but are there no other remedies for congestion? If I have made any misstatement concerning her essay, I am willing to retract it.

Dr. Kershaw struck a key-note when he spoke of the efforts of the patient for the cure of constipation. Her habits in dress, sleep, ablutions, diet, drink, everything are of importance. A glass of cold water at bed-time and one in the morning are very beneficial in constipation. Water is pretty thin, but it helps.

Another point: It is stated that remedies do not act upon the ovaries as beneficially as on other organs. Why is this? Is the birthplace of the world of lower vitality than less important organs? Dr. Gundelach states that when the tissue of the liver or ovaries becomes disorganized it is very difficult to affect it with remedies. Is it not so in any tissue? If the structure of any part has

become organically changed, treatment must be well adapted and continued for a long time to produce much effect. For instance, in periarticular hyperplasia, pressure and local applications with internal medication must be kept up for weeks and months, if it is ever reduced. In acute ovaritis *absolute rest* is necessary to reduce the organ to its normal state. Inflammation in the ovary is the same as inflammation in any other part. It is difficult, not because remedies do not act on the ovaries, nor because the ovaries are remote from the sympathies of the rest of the organism, but they are naturally subject to almost continual irritations and frequent periodic excitement. You no more than begin to produce a favorable effect with your treatment than the menstrual nixus appears, and undoes all that has been accomplished. Between the menses and at all times, the women wear corsets, run up and down stairs, expose their person to low degrees of cold, and do a hundred other things they ought not to do. If the periodical excitement of menstruation, over-exercise and bad habits generally could be stopped, the ovaries would be just as amenable to treatment as any other organ.

DR. VALENTINE: All honor to Carroll Dunham, the brightest intellect our school has produced. The remedy he used in his celebrated case has done good in a case of mine, where we might be least apt to expect it. A lady had been suffering with constipation very badly for two years. I went the round of the usual remedies, but they did no good. I used enemas, and even removed some scybala with a spoon. She doubled herself up in the jack-knife way from colic, and I finally gave *colocyn* 3. In half an hour she went out to the water closet, and in two hours her pains were all gone and she was well.

DR. CUMMINGS: Two years ago a homœopathic doctor was called in consultation with a lady physician, and he introduced his hand and removed two balls of magnesia half as large as a child's head. The magnesia had been taken as medicine for the relief of the trouble. What would soap-suds have done in that case?

DR. VALENTINE: Soap-suds will dissolve most feces, but that was a case that it did not cure. I have on hand a case to which I have given nearly everything. I am now giving *cascara sacrada*; have about concluded there is stricture of the colon or rectum.

DR. PEARMAN: I treated a case of uterine disease by dilatation the other day. Four or five hours after the treatment colic set in and continued. This morning I gave *colocynth*, and three doses relieved.

DR. KERSHAW: I think that the nearer homœopathic doctors adhere to their own mode of practice the better doctors they will be. We sometimes get into trouble where we feel inclined to do almost anything to get out of it; but I do not think irregular practice does either the individual or the school any good. If we let old school practices alone and study earnestly and carefully those of our own, we will get along better as healers of the sick. A good homœopathic physician must necessarily individualize each case, and only by such individualization can he hope to be successful. The whole tendency of old school practice is in the direction of generalization, and this being the case, the physician who attempts to practice both schools, proves, ordinarily, a poor representative of either one or the other, and I think they should not be so frequently resorted to on that pretense. By such practice a man injures himself and the cause. He gets to losing confidence in what are better ways.

In regard to the influence of habit in relieving constipation, I have to say that a friend of mine was troubled for years without obtaining relief. I persuaded him to throw aside all cathartics, etc., and go at a certain hour of the day to move his bowels, whether he wanted to or not. In one month his trouble was ended.

W. B. MORGAN, M. D., Reporter.

**THE COMMENCEMENT EXERCISES OF
THE HOMŒOPATHIC MEDICAL
COLLEGE OF MISSOURI.**

*The Distribution of Prizes—A Banquet of the Alumni at
the Windsor Hotel.*

[St. Louis Times, March 12, 1880.]

The Twenty-fifth Annual Commencement Exercises of the Homœopathic Medical College of Missouri occurred last night at St. George's Hall, and were attended by an audience of about 1,000. On the stage were seated the Faculty of the College, Drs. G. S. Walker, P. G. Valentine, W. A. Edmonds, S. B. Parsons, Adolphe Uhlemeyer, C. W. Spalding, J. A. Campbell, J. C. Cummings, J. M. Kershaw, Mr. I. D. Foulon and Bishop Robertson, while ranged in a semicircle in front of the stage were the graduates, twenty-five in number, as follows :

S. R. Bebout, Osceola, Iowa.	Mrs. Margaretta Neff, Sigourney,
J. E. Couper, Northfield, Minn.,	Iowa,
Ernest Crutcher, M. D., Nashville,	H. V. Oldfield, St. Louis, Mo.,
Tenn.,	Luther Orear, Marshall, Mo.,
H. J. Dionysius, St. Louis, Mo.,	A. C. Porter, Clifton, Kas.,
John Elder, High Grove, Mo.,	H. L. Porter, Seneca, Mo.
W. A. Forster, Fort Scott, Kas.,	Frank Runner, Chillicothe, Mo.,
W. D. Gentry, Wyandotte, Kas.,	W. A. Smith, Essex, Iowa,
C. B. Jordan, Wadena, Minn.,	Fed'k Wm. Schellhase, Tell City,
Chas. W. Kelly, St. Louis, Mo.,	Ind.,
Martin Kirsch, Peppertown, Ind.,	A. M. Stearns, Essex, Iowa,
Mrs. Julia A. Lee, Greenville, Cal.,	Mrs. Clara Sauter., St. Louis, Mo.,
Mrs. Jane H. Miller, Moline, Ill.,	Chas. W. Taylor, St. Louis, Mo.,
S. E. Miles, Boonville, Mo.,	Chas. B. Zeinert, Ballwin, Mo.

The exercises were then formally opened with prayer by the Rt. Rev. Dr. Robertson, and after a pot pourri from Martha, by Spiering's orchestra, Dr. Charles W. Taylor, of St. Louis, one of the graduating class, was presented to the audience by Pres. Spalding, and thereupon delivered the valedictory for the class.

THE VALEDICTORY.

*Mr. President, Honored Professors, Fellow Classmates,
and Ladies and Gentlemen :*

I feel deeply honored to-night in representing the graduating class of '79 and '80, in bidding adieu to our beloved Alma Mater, before going forth from her fostering care to put into practice the teachings she has inculcated.

Her work is ended ; ours, but just begun. We stand to-night on the very pinnacle of content—our greatest hopes, our highest ambitions realized. We have passed through the fiery ordeal of *materia medica*, therapeutics, and what not, and have come forth unscathed. The Gordian knot, "*Similia Similibus Curantur*," has been fairly untied by each and every one of us, and all that now remains is to buckle on our armor, and with burning ardor, reliant trust and undaunted courage, go forth to battle with our fell enemy.

Standing, as we now do, within the portals of our beloved college, and looking out on the near future, life wears for us a roseate hue, and we are eager to sever the tie that binds us here to each other ; to hasten each to his field of individual usefulness, and there gather and bind the golden sheaves that are bending over in their fulness awaiting us.

There is at present a greater intellectual struggle going on about us than the world in its whole history has ever known. Old beliefs and teachings have been ruthlessly cast aside, having served their time, and were only valuable in that they were suggestions of the higher truths that have succeeded them.

In after times it may very truthfully be said of the present very high condition of intellectual attainment that this condition was only the antecedent of a higher and nobler culture.

This calmly throwing aside of old beliefs and prejudices that have been weighed in the balance and found wanting is a distinctive feature of the present age of enlightenment. It may, therefore, be well for us to bear in mind that we are now and always will be students still,

and that we may have to unlearn much that we have learned. Newer ideas will constantly present themselves for our consideration, and they will demand our thoughtful attention. If you will but carefully look back upon the past history of Homœopathy, and trace its career to the present, you will find that its course has been that of enlightened progression; of a careful weeding out of obsolete and effete ideas, the elimination of the dross and crudities that have served their purpose and the adoption in their stead of the deductions of scientific research, until to-day it stands pre-eminently the embodiment of the highest thought as well as the highest achievement of medical science. Homœopathy has this distinctive characteristic, it keeps shoulder to shoulder with the advancing column of intellectual thought; accepts no system of therapeutics unless they are based upon demonstrated facts; disregards no method, however humble, that prefigures a higher truth, and assumes nothing without proof.

On assuming the title which has to-night been conferred upon us, we should consider the important duties and sacred trusts that devolve upon us. They demand our best thoughts, clearest judgment and unflinching adherence to that line of conduct that shall leave no stain or reproach upon our honorable profession, nor upon our personal reputation—for “the purest treasure mortal times afford is spotless reputation. That away, man is but gilded loam or painted clay.”

Let us consider how careful, how earnest, how unprejudiced should be the efforts of him who makes the responsibility of human life a vocation. Let us not shrink from the struggles and sacrifices that encompass our professional life; we may not always see the sum of their significance, but we may rest assured that only through toil and sacrifice are beneficent results attained. Though the path may be steep and rugged, with truth for our guide, charity as our watch-word, we will surmount all difficulties, when we cross the threshold of those beloved precincts for the last time, our paths will be widely severed, we may never feel the warm pressure of each

other's hand, or exchange the friendly greeting in this life, but let us treasure up the memory of all that was good in each of us, and generously forget the faults and shortcomings. Above all, let us so shape our lives that they may be ones of usefulness to humanity, and ennobling to our profession. So that it may be said of each of us: "The world is better that he lived in it."

Dr. Taylor then addressed himself to the faculty in terms glowing in their fervency of language and sincerity of obligations to the several members for the many attentions and kindnesses. He reviewed briefly, but eloquently, the many sacrifices made by the several professors in their zeal to advance the interests of Homœopathy, their untiring devotion to a seemingly thankless task, and the herculean strides which the Homœopathic Medical College of Missouri had taken under their supervision and direction. Then adverting to the present honorable investiture of the degree of doctors of medicine, and, in conclusion, Dr. Taylor said:

And in receiving such honorable distinction we confess the misgivings that linger about the heart of our hope, the doubts which assail us as we stand on the threshold of our chosen profession, the light of our successful studies streaming brightly through the yet open door, casting our shadow long and dark into the silence of the future. Well may the stoutest of hearts be appalled at the difficulties and disappointments that hedge about the inexperienced workman, standing as we do, striving to rend the curtain of silence and of darkness in our efforts to rob the impenetrable mystery of one ray of light, one word of hope. But we are borne aloft by the consciousness of having enlisted in the ranks of a calling sacred to the alleviation of human misery—a calling that approaches nearest the divine—to do battle with the ceaseless tide of humanity; to hush the wailings of the tender infant moaning on its mother's breast; to still the pain and sorrow that afflict its later years; and, finally, when the skeleton fingers of time lie heavily upon its fast dissolving fabric to smooth the pillow of mortality to the departing

soul. If we be but true to ourselves as men, to the principles of Homœopathy, to the symbol inscribed upon the folds of its banner—

“*Similia Similibus Curantur*”—

then the future will take heed to itself, the shadows will be dispelled and we shall be as invincible in the cause of right and light, of truth and charity, of love and mercy, as were the gallant knights of former times.

At the conclusion of the reading of the valedictory Dr. Taylor was made the recipient of several costly floral tributes.

The Prizes.—Prof. I. D. Foulon, professor of medical Jurisprudence, then made presentation of the prizes. He stated that the faculty in awarding prizes for excellence in special branches, did not intend to substitute prize-getting for knowledge-getting; but upon the contrary it had been their endeavor to impress the paramount importance of practical knowledge upon the minds of the students; that after much and assiduous study the members of the class were entitled to their diplomas, which was, after all, the real prize for which they had striven.

The prizes and their recipients were as follows:

S. E. Miles, of Missouri, received the Eckel gold medal, presented by Dr. Eckel, of San Francisco, Cal., for highest examination in *Materia Medica*.

William A. Forster, of Kansas, first prize in Surgery, a silver medal, given by Prof. Parsons.

S. R. Bebout, of Iowa, half prize in Anatomy, one bound volume of *St. Louis CLINICAL REVIEW*; second prize in Surgery, silver medal.

W. A. Smith, Iowa, half prize, in Anatomy, one bound volume of *St. Louis CLINICAL REVIEW*; second prize, in *Materia Medica*; Cowperthwaite's *Materia Medica*, and third prize, Surgery, a Book.

H. J. Dionysius, St. Louis, Kershaw's silver medal, for diseases of the spine; also honorable mention in Obstetrics and *Materia Medica*.

Frederic Wm. Schellhase, Indiana, honorable mention in Anatomy.

Frank Runner, Missouri, honorable mention in Anatomy.

Mrs. Clara Sauter, honorable mention in Obstetrics.

Charles W. Taylor, St. Louis, honorable mention in Materia Medica.

Charles W. Kelly, honorable mention in Materia Medica.

In the conferring of the prizes Prof. Foulon kept the vast audience in good humor with his many sallies of wit and pleasantries.

To Dr. Miles he remarked that he had understood that the doctor was insatiable in his desire for knowledge; that if he succeeded in acquiring all the information he was seeking he would be "a bigger man than old Grant;" at any rate he was entitled to the gold medal and "miles of blue ribbon."

To Dr. Forster he remarked that the story was told that he was born a surgeon; then related in a comical way Dr. Forster's successful experience with the fractured leg—of a table; and at the age of 8 he made eyes—at the girls.

Dr. Dionysius, who received the Kershaw silver medal for excellence in spinal diseases, was informed that the medal, contrary to appearances, was not a bell punch.

Next in order came the presentation of diplomas by Dr. Spalding to all save Dr. Crutcher, who was then specially called before the faculty and presented with the degree of *ad eundem*, which, in the king's vernacular, means that the doctor had regularly received the degree of Doctor of Medicine in a regular college before, at Nashville, Tenn., but thought it necessary to take an additional course at a Homœopathic college.

Another presentation was that of a gold-headed cane from Mrs. Comstock to Dr. Gentry.

The valedictory on the part of the faculty, by Prof. Parsons, was listened to with marked attention, and was an exceedingly able effort.

Benediction by Rt. Rev. Dr. Robertson closed the formal exercises at the hall; which were, however, re-

sumed in the more genial form of a banquet at the Windsor, about 150 covers being laid.

THE TOASTS

were as follows, Dr. A. S. Everett, as toast master:

"Our Alma Mater," was responded to by Dr. W. C. Richardson.

"Success of Our Alumni Association," by Dr. Kershaw.

"Homœopathy in the West," by Dr. Parsons.

"The Graduating Class of 1880," by Dr. C. W. Taylor.

"Our Lady Graduates," by Mrs. Dr. Pearman.

"Memories of Other Days," Dr. J. A. Campbell.

An original poem was read by Dr. A. S. Everett, of Denver, Colorado, and received with prolonged applause.

The happy gathering did not disperse until an early hour this morning.

OVARITIS.

Editor Review:

DEAR DOCTOR—I was greatly interested in the discussion in the February number of the REVIEW, as well as by the able essay by which it was provoked.

Ovaritis is a subject upon which we ought to devote more study. It is one of great importance, as upon the cure of it often depends the comfort of a lifetime, and in acute cases sometimes even life itself. And yet there is hardly another disease of the human organism that we are so often called upon to treat, that has received so little attention from medical writers as this.

That it is very difficult to treat satisfactorily, is a fact that seldom requires "thirty years' observation" to demonstrate. I learned this in connection with my first case—but I cannot agree with the essayist, that this is due to the distant or remote situation of the seat of disease. A number of the vital organs of the body are equally distant, and yet quite amenable to treatment.

Constitutional remedies as readily reach the remote parts of the system as those that are otherwise. Diseases of the skin are superficial, but it does not follow that they are more easily treated on that account. True, its anatomical situation may add to the difficulties of treatment, located as the left—and oftener diseased one is—so close to the descending colon, which is usually in these cases loaded with feces, and consequently causing more or less heat and irritation of the neighboring parts; but I think the principal obstacle in the way of success lies not so much in inaccessibility, or unfortunate location, as in the physiological peculiarities of the organ. The process of ovulation, with its accompanying excitement and congestion occurring at regular intervals, and in many cases abnormally frequent, constitutes our greatest impediment.

The interval between these occurrences is so short that by the time the system has recovered from the exhausting effects of one of these periods, and our agents begin to make an impression upon the system, the same process has to be gone through with again, and unless we are unusually fortunate, we find our patient at its close no nearer convalescence than she was a month previous. This is, however, a hinderance that we cannot avoid. Our only privilege is to advise rest and freedom from all that would be liable to cause unnecessary excitement; use such measures as are at our command to relieve the additional suffering of these periods, and promptly renew our efforts at its close.

Another prolific cause of failure in the case of married women is the excitement of sexual intercourse. The shock to the system caused by this, has a similar, and equally disastrous effect upon the disease to that occasioned by the process of ovulation. This we often see evidenced by the comparatively ready manner in which cases of long standing are cured after a temporary separation of the lady from her husband is affected.

In this lies in many cases the secret of success, and could we have more control over the habits of our patients in this respect, I think the result of our efforts would in many cases be more satisfactory.

In addition to the remedies mentioned in the essay and discussion, we may expect good results in chronic cases from *Lilium Tig.* and *Palladium*. The former when inflammation is confined to the left ovary, and the latter in those less frequent cases in which the right one is the seat of the disease.

Colocynthis has rendered me valuable service when its characteristic pains are present, and there is diarrhœa.

In cases of Traumatic origin, *Arnica* as usual takes the lead, used both locally and constitutionally. When the pains are *very* severe I have derived satisfactory results from the extract of *Hammelis* applied to the ovarian region, and also from the use of a pledget of cotton saturated with a glycerole of the same introduced into the vagina.

As a palliative the use of a hot plate covered with a flannel cloth applied to seat of pain, is very satisfactory. If the weight of the plate is objectionable, use a sack of hot dry bran in the same manner.

Counter-irritation with a mustard plaster is advisable in some cases.

L. E. WHITNEY, M. D.

CARTHAGE, Mo., March 3rd., 1880.

Books and Pamphlets Received.

STAMMERING AND ITS RATIONAL TREATMENT, with Remarks on Canon Kingsley's Elocutionary Rules. By E. B. SHULDHAM, M. D., Trinity College, Dublin; M. A. Oxon. London Homœopathic Publishing Co. 2 Finsburg Circus E. C. With the author's compliments. Thanks!

CURABILITY OF CATARACT WITH MEDICINES. By JAMES COMPTON BURNETT, M. D., F. R. C. S., Editor of the "Homœopathic World;" author of "Natrium Muraticum as Test of the Doctrine of Drug Dynamization;" "Gold as a Remedy in Disease, etc." Issued by company as the above, London, England. With author's compliments. Thanks!

SOON TO BE ISSUED:—

AN INDEX OF COMPATIVE THERAPEUTICS, with a New Dose-List, Tables of Symptomatology, Differential Diagnosis, Weights and Measures; Memoranda concerning Accidents, Poisons, Obstetrics, Urinary Analysis, Microscopy, etc. Compiled by Samuel Potter, M. D., member of the American Institute of Homœopathy, President of the Milwaukee Academy of Medicine.

AN ELEMENTARY TEXT BOOK OF MATERIA MEDICA, CHARACTERISTIC, ANALYTICAL AND COMPARATIVE. By A. C. COWPERTHWAIT, M. D., Ph. D., Professor of Materia Medica and Diseases of Women in the Homœopathic Medical Department of the State University of Iowa. Author of "Insanity in its Medico-Legal Relations, etc., etc." Chicago, Duncan Brothers, 1880.

MATERIA MEDICA, AND SPECIAL THERAPEUTICS OF THE NEW REMEDIES.—By EDWIN M. HALE, M. D. Late professor of Materia Medica and Therapeutics of the New Remedies in Hahnemann Medical College, Chicago; professor of Materia Medica in the Chicago Homœopathic College; author of "Lectures on Diseases of the Heart;" "Characteristics of New Remedies;" "Diseases of Women," etc.

FIFTH EDITION—Revised and Enlarged (Thirty-Seven New Remedies). In two volumes, Vol. Ij. Special Therapeutics, with illustrative cases. BOERICKE & TAFEL, PHILADELPHIA, 635 Arch St.; NEW YORK, 145 Grand St.

These are two excellent books in a most important department of investigation and practice.

Prof. Cowperthwaite's "Text Book" is probably one of the very best published by any member of our branch of the profession for a very long while. It is simply admirable; method, point, conciseness, clearness and completeness being prominent, leading characteristics. The medical student will find in ready shape just the things he ought to learn and in such form as to be easily retained. The busy practitioner will find it a "ready reference," well suited to economize time and labor. We find here and there occasional, improbable and trivial symptoms, but this drawback is largely off-set by the numerous excellencies everywhere. We regret that the learned author should have disfigured his book by a chapter on that *nasty Psorinum*.

The objection has been made, that the list of remedies is too small. This ground of objection furnishes, we think, a strong ground of commendation. We have long held to the conviction that a list of 50 to 100 good remedies thoroughly investigated and well understood, will furnish infinitely better therapeutic and practical resources than a superficial knowledge of 500 to 1,000 articles with all their interminable medley of combinations and premature changes. The mania for therapeutic novelties is at present the bane of the profession.

The mechanical get-up in type and paper is excellent; the binding simply *villainous*.

This fifth edition of the "New Remedies" is a handsome volume after Boericke & Tafel's best style of the publishers' art. The book in its present shape and size reminds one of the gourmand's estimate of the turkey, which he styled an inconvenient bird, a little too much for one person at a time and not quite enough for two. As a book on special therapeutics it is needlessly large; as a book of general therapeutics it would be incomplete. We find many articles in the index of remedies which have been in use by all kinds of practitioners from the days of Cullen and Hahnemann down to our own times. We hope in future editions the learned author will drop special dress with its prefix "New," now scarcely applicable to a book so long before the public, and give us a complete work on general therapeutics; being very careful to avoid a certain literary blemish in the shape of the

ever recurring and interminable "ego" so prominent in the edition before us. As a compilation and record of clinical experience the book will be found both convenient and useful, and not at all the less acceptable for being modeled after the mode of, and dedicated to the illustrious Hughes.

W. A. EDMONDS.

ST. LOUIS.

GUIDING SYMPTOMS, Vol. II, from Arnica to Bromium, inclusive. By C. Hering, M. D., Philadelphia, Pa. The Am. Hom. Pub. Co. J. M. Stoddard & Co. 1880.

A long review was given in our columns of Vol. I, which spoke of it in the highest terms. The same, and even more, might be said of Vol. II, a most worthy companion of Vol. I. Hering, the great octogenarian, labors bravely and conscientiously on, showing no signs of decay.—[Ed.]

HOYNE'S ANNUAL DIRECTORY of Homœopathic Physicians in the State of Illinois for the year 1880. Vol. I, No. 8. Containing, also, an alphabetical list of Homœopathic Physicians in the States of Indiana, Missouri and Kansas. Published for free distribution to Physicians. Circulation, 5,000. Price, 50 cents.

We value this annual highly, and find it correct and reliable—couldn't do without it.

THERAPEUTICAL MATERIA MEDICA. Containing the chief symptoms and chemical uses of two hundred and sixteen remedies, arranged upon a new and available plan for study and practice. By H. C. Jessen, M. D., Chicago. Author of "Eczema: Its Pathology and Treatment." A Prize Essay. "The Pathology and Treatment of Hereditary Syphilis." Member of: The Clinical Society of Hahnemann Hospital of Chicago. The Hahnemann Publishing Society of England. Honorary Member of Institutio Homœopatico Mexicano, of the Empire of Mexico. Chicago: Halsey Bros. 1880. From the author.

Another *Materia Medica*. They will soon be *sine numero*; but this one being *new* in its arrangement, will be welcomed by the troubled student on the search for analogous remedies, because this *new plan* of the author puts them in groups and series, and so places them under the eye that an intelligent glance shows their similarities or antagonisms. The remedies are divided into three series, according to their "natural relation," and from two to four are placed side by side on the same broad page and critically compared. The first series contains 20; the second series contains 84; the third series contains 112. We look upon this plan as very admirable, and will greatly simplify and facilitate both the teaching and studying of *Materia Medica*. The printing and binding is very good, and the first we have seen from the Halsey Brothers.—[Ed.]

SOON TO BE ISSUED.—A TREATISE UPON THE MEDICAL AND SURGICAL DISEASES OF WOMEN, with their Homœopathic Treatment. Fully illustrated.—By M. M. EATON, M. D., President of the Homœopathic Medical Society of Cincinnati, etc.

Editor's Drawer.

ST. LOUIS, February 16, 1880.

MY DEAR DOCTOR: Has it ever occurred to you that you may be derelict to the best interests of the REVIEW, your readers and the profession generally in your neglect to have a "Consultation Department," interspersed with occasional "notes from the field of practice?" I have been led into this vein of thought and inquiry by certain brilliant scientific scintillations and exquisite literary beauties to be found in one of our medical journals, published, I believe, in a village called Chicago, located somewhere in the sovereign State of Illinois.

One of the first things that attracts attention is the dilemma of a practitioner, who, wishing to use *benzoic acid*, could find no "tincture" of the article, and was compelled to fall back on the first decimal trituration. A *tincture* of an *acid* would be somewhat of a pharmaceutical novelty, it is true, but we hope the pharmacists of the before-mentioned village will look well to this defective state of their art in the future.

Under the head of "Ascarides" we find a most chaste and elegant account of how to "turn up" the patient and with the fingers "remove the wigglers," with the assurance that if all be picked out they will not return, as none will be left to "breed from." We are told that they "breed every four weeks or every moon." Whether in the new, full or old moon, is not stated. The learned doctor assures us that if all be picked out there will be no relapse; but, judging from certain dietary precautions given, even where all have been picked out, we suspect him as open to the very grave charge of holding to the doctrine of "equivocal generation."

"Sugar in Diphtheria" is a regular scientific and literary "stunner." The entire article should by all means form a separate chapter in the very next edition of "Appleton's Encyclopedia." Any attempt at a synopsis of the profound views, perspicuity and point would be most unjust. Take a single extract as a sample of the whole. "With a microscope, these exudates are called 'tritoxid'; how natural that hydrocarbon should destroy, and sugar, I believe, is the thing; of course it is *conjecture*, and I ask your attention." Now, this *conjecture* in regard to hydrocarbon is most ingenious and truly wonderful. Shades of Faraday! Wallaston, Black, Liebig, where are you? If you be not in a sort of literary and scientific perdition, you ought to be, in that you did not give us this *conjecture* long ago.

"What will cure?" is the caption to an account of a most remarkable case of a dear old lady who had an abscess in each ovary, each opening into the abdominal cavity, all in the space of one month. The pulse went up to 140 per minute; the heart-beat could be heard in any part of the room. The cervix and os uteri presented an ulcer, which projected three-fourths of an inch; whether backward or forward, we are not told. It had a "head;" nothing said about a "tail." "Her urine dries up at those times," but what "those times" are we are unable to divine. We are happy to state that the dear old body "pulled through." Truly, she must have been "whole-hearted," copper-lined and iron-clad.

"Male leucorrhœa" is presented as sort of systematic and pathological novelty. We modestly suggest that the case would be more appropriately labeled, "C. C." (chronic clap.)

All of which, speaking after the manner of Mark Twain, "is
A SARCASM."

A CURIOUS ENDEMIC.—Superfoetation and superfecundation are hackneyed terms but little understood. We know both are possible, but precisely how they can or do occur we are at a loss to determine.

My mind was peculiarly directed to a close study of these somewhat obscure subjects by a passing strange coincidence. Whilst on a visit during the past summer, to a certain sequestered valley in Missouri, I was struck with an appearance of a superabundant number of babies at the various farm houses. Upon inquiry of an old friend and talented physician at whose hospitable residence I was stopping, he informed me that in twenty-one cases of obstetric practice attended by him last spring, *all but four were twin pregnancies*; (and it was not much of a year for babies either.) To render the matter even more perplexing and marvelous, he stated, that almost every cow, sheep, mare, and other animals commonly bringing forth but one offspring at a birth, were blessed for presenting their respective owners with *twin* young, during this same remarkable season, in this enchanted valley.

I confess, my limited knowledge and research fail to enlighten me on the cause of such rapid replenishing of the earth in this little world found within a radius of eight miles.

We are aware that the odor of cone-bearing trees and hemlock boughs exert a wondrous and potent influence upon the fruitfulness of cohabitation, but even this idea must be eliminated, for there are but few trees of this nature near the habitations of the fortunate folk. Could it be said to reside in the atmosphere? Doctors generally hide their ignorance by the use of some ambiguous term; what shall we call this?

Will some one volunteer an explanation of this strange endemic?

ERNEST CRUTCHER.

[Copy of a report from San Francisco "Western Lancet," September, 1879.]

We recently used "Horlick's Food" in several cases of infant diarrhœa, and mal-nutrition of children, with results that prove it to be a perfect infants' food, and made in full accordance with the laws governing assimilation in early life. There are, perhaps, few conditions that call for more careful judgment than the substitution of some article of diet in cases of deficient breast milk. Preparations are still flooding the market, claiming to be properly adapted to the infant stomach, which nevertheless contains more or less starch, a most detrimental ingredient usually; and one which seldom fails to disorder the digestion, and cause wasting and diarrhœa. Horlick's Food is entirely free from starch, the flour having been changed into dextrine and grape sugar.

This food has long borne a high name, and we take pleasure in adding our testimony to that of so many physicians throughout the country as to its excellent digestive and assimilative properties. It is recommended in dyspepsia of adults and in all diseases where digestion has been impaired.

DR. A. S. EVERETT, our whilom, genial confrere in the College, came down from the mountains to be present at the Third Annual Re-union of the Alumni Association of the College. It did us good to shake his warm hand and witness his improved appearance. Others have told us that he has a lucrative practice in Denver. Success attend him! He is one of nature's noblemen.

REPORT ON MALTINE.—By L. P. Yandell, M. D., Professor of Clinical Medicine and Diseases of Children, University of Louisville. After an extensive trial of the Maltine preparations of Reed & Carnrick, of New York, in private and dispensary practice, we are convinced that *Maltine* is one of the most valuable remedies ever introduced to the profession. Our exalted estimate of this article is confirmed by all of the many practitioners who have expressed to us their opinion of it. Wherever a constructive is indicated, *Maltine* will be found excellent. In pulmonary phthisis and other scrofulous diseases, in chronic syphilis, and in the various cachectic conditions it is invaluable. In convalescence it is a delightful and efficacious cordial. We have invariably found it liked by children, who devour it as they do candy. The *Maltine Wine* with *Pepsin* and *Pancreatine* has yielded us the happiest results in apepsia and atonic dyspepsia, and in general muscular and nervous debility. The preparations *Maltine* with *Hypophosphites*, *Maltine Ferrated*, *Maltine* with *Pepsin* and *Pancreatine*, and plain *Maltine* we especially commend. It is prepared in innumerable combinations.

Maltine deserves to stand in the front rank of constructives; and the constructives, by their preventive, corrective and curative power, are probably the most widely-useful therapeutical agents that we possess.—[From the *Louisville Medical News*, Jan. 3, 1880.

WESTERN ACADEMY OF HOMŒOPATHY.—The time is rapidly drawing near for the annual meeting of this body of Western physicians, at Minneapolis. Do not forget to make your arrangements to be present and prepare your papers early and forward to the Chairmen of the respective bureaux. A glorious time is anticipated, as well as a profitable one. The W. A. of H. is now firmly established. A volume of Transactions is promised for next year, so that the proceedings can go on permanent record. If you are not a member, make your application at once. We append the list of Chairmen of each Bureau

R. L. Hill, M. D., Dubuque, Iowa—Statistics, Registration, Legislation and Education.

B. Bell Andrews, M. D., Astoria, Illinois.—Sanitary Science, Climatology and Hygiene.

J. W. Hartshome, M. D., Cincinnati, O.—Obstetrics.

R. F. Baker, M. D., Davenport, Iowa.—Clinical Medicine.

D. T. Abell, M. D., Sedalia, Mo.—Proverbs.

H. B. Fellows, M. D., Chicago, Ill.—Psychological Medicine, Anatomy and Physiology.

L. Sherman, M. D., Milwaukee, Wis.—Pharmacy.

A. Uhlemeyer, M. D., St. Louis, Mo.—Materia Medica.

E. A. Guilbert, M. D., Dubuque, Iowa.—Gynæcology.

W. A. Edmunds, M. D., St. Louis, Mo.—Pædology.

J. A. Campbell, M. D., St. Louis, Mo.—Ophthalmology and Otology.

A. E. Higbee, M. D., Minneapolis, Minn.—Surgery.

All letters of inquiry and applications for membership can be addressed to the General Secretary,

C. H. GOODMAN, M. D.,
2619 Pine St., St. Louis, Mo.

REMOVED—Dr. J. Martine Kershaw from 14th and St. Charles to 1312 Washington Ave., St. Louis, Mo.

DR. F. VOGL from Baxter Springs, Kansas, to Kansas City, Mo.

DR. H. R. ARNDT, of Grand Rapids, Mich., succeeds Dr. Mills, of Chicago, in the editorship of the *Counselor*. We shall look for many good things from the new editor. Welcome!

HORLICK'S DRY EXTRACT OF MALT.—We have placed specimens of this excellent preparation in the hands of several families for anæmic children, and have never seen anything act more favorably as a blood producing aliment.

MEXICO, MO., February 18, 1880.

Mexico is one of the best towns in the State, about six thousand inhabitants; ten doctors here, but no homœopath doctor. Dr. Starr, the only one that was here has gone to farming, can't you send us a good doctor?

Respectfully Yours,

G. D. FERRIS.

UNIVERSITY OF MICHIGAN, HOMŒOPATHIC DEPARTMENT, }
ANN ARBOR, February 27, 1880.

DEAR DOCTOR: You are cordially invited to attend the Inaugural Ceremonies of the Hospital and Amphitheatre, on Friday, March 12, 1880, at 7½ P. M. In behalf of the faculty,

E. C. FRANKLIN, Dean.

Address of Welcome, by Prof. E. C. Franklin; Inauguration Address, by Prof. Samuel A. Jones; other Addresses by I. N. Eldridge, M. D., of Flint, and A. J. Sawyer, M. D., of Monroe.

DR. J. P. DAKE.—We notice with pleasure a brilliant paper by this learned gentleman in the January number of the "British Journal of Homœopathy" on "The Regeneration of our Materia Medica." With all our heart we second his efforts in behalf of a better Materia Medica. We are overwhelmed with *trash* till we can hardly get the *truth* in drug pathogenesis. Let us do all in our power to enlighten and arouse the profession in the line of elimination and purification, in order that the genuine may be distinguished from the spurious.

ALUMNI MEETING.—The regular annual meeting of the Alumni Association of the Homœopathic Medical College of Missouri was held at the College March 10th. The business was purely official. The following officers were elected: President, A. S. Everett, M. D., Denver, Col.; first Vice President, J. H. Mosely, M. D., Olathe, Kansas; second Vice President, Miss E. E. Curtiss, M. D., St. Louis; Secretary, J. Martine Kershaw, M. D.; Treasurer, C. L. Carriere, M. D., St. Louis; Executive Committee, Drs. Richardson, Campbell, Kershaw, Carriere and Uhlemeyer. The Alumni Banquet was held at the Windsor Hotel on the 11th.

EFFINGHAM, ILL., February 26, 1880.

DEAR EDITOR—I herein propose to sell my office fixtures, furniture and medicines for a reasonable sum, and will throw in practice and introduce successor. Effingham is a city of about four thousand inhabitants, situated at junction of three railroads, viz.: Illinois Central, Vandalia & Chicago & Paducah. We have railroad machine shops, seven churches, and county seat. Homœopathy has been represented here for five years, and I enjoy one of the best practices in the city. If I sell, I am going to Denver, Colorado.

For further information, address me, or enquire of Jas. A. Campbell, M. D.; H. C. G. Luyties, or Munson & Co., St. Louis, Mo.

Respectfully,

J. W. HUFFAKER, M. D.

DR. T. C. DUNCAN, who was interviewed the other evening by an *Inter-Ocean* reporter, considers the St. Louis water by all odds the more healthful. The latter contains a considerable percentage of sand and clay in solution, but very little organic matter.

The Chicago fluid, on the other hand, contains a large amount of organic matter in a decomposed condition, which being taken into the system proves exceedingly deleterious.

The Doctor says, further, that to build a ship-canal from the South Branch down to the Illinois river, as an outlet to the city sewerage and sufficiently large to float large river steamers, "would not cost one-tenth as much as the foul water is now costing Chicago by driving away business and people, to say nothing of its effects upon the present population." The situation must be serious, indeed, and St. Louis, in bumpers of her best Compton Hill, pledges to her sister city all possible sympathy and co-operation in her efforts to be washed and made clean.

HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI. Order of Lectures, Spring Course, 1880:

Monday, 10 A. M., *Materia Medica*, Uhlemeyer; 11 A. M., *Eye and Ear*, Campbell; 2 P. M., *Pædology*, Edmonds; 3 P. M., *Anatomy*, Valentine.

Tuesday, 10 A. M., *Brain Diseases*, Kershaw; 11 A. M., *Orthopædic Surgery*, Parsons; 2 P. M., *Clinical Medicine*, Cummings; 3 P. M., *Gynæcology*, Walker.

Wednesday, 10 A. M., *Materia Medica*, Uhlemeyer; 2 P. M., *Orthopædic Surgery*, Parsons; 3 P. M., *Anatomy*, Valentine.

Thursday, 10 A. M., *Brain Diseases*, Kershaw; 11 A. M., *Eye and Ear*, Campbell; 2 P. M., *Clinical Medicine*, Cummings; 3 P. M., *Gynæcology*, Walker.

Friday, 10 A. M., *Materia Medica*, Uhlemeyer; 11 A. M., *Orthopædic Surgery*, Parsons; 2 P. M., *Pædology*, Edmonds; 3 P. M., *Anatomy*, Valentine.

G. S. WALKER, M. D., Dean.

THE ST. LOUIS CLINICAL REVIEW.

PHILO G. VALENTINE, A. M., M. D., EDITOR

VOLUME III.

ST. LOUIS, MO., APRIL 15, 1880.

NUMBER 2.

CLINICAL REMARKS ON THE SUBJECT OF AFFECTIONS OF THE HEART

BY DR. MARTINY.

Translated by Roswell D. Valentine, M. D., Canton, Ill., from the "Revue Homœopathique Belge."

In our epoch, living is very fast ; railroads, the telegraph, steam navigation, have destroyed distances ; man has no longer moments of forced repose which he formerly tasted, when events transpired less rapidly, when it was necessary to profit by stage coaches or wait for couriers ; one used to have time to reflect, to direct, to rest and be calm ; compensating reactions used to bring forth at their leisure. It is no longer the same to-day. We live in a perpetual excitement, the circulatory torrent is more precipitous, the heart is almost always agitated and when it refuses to work, it is whipped without pity by coffee, tea, alcohol, tobacco, spices, cocoa, cinchona, etc. Affections of the heart are, then, extremely frequent in our day ; formerly, at the University of Liege, the late Dr. Spring almost always began in the examination of his patients, by percussion and auscultation of this organ. He rarely found a heart perfectly healthy ; the first or the second sound presented always something irregular or abnormal. They used to smile a little at the University at this preoccupation of the master, who they said, saw diseases of the heart everywhere. He was, perhaps,

in the right. Let us imitate his example ; let us percuss carefully the præcordial region ; let us commence by searching if the point of the heart beats at its place ; if the cardiac and aortic dullness is normal ; let us place our stethoscope upon the point and rising by a vertical line to the third rib, left side, we shall hear the two left ventricular sounds, the systolic sound which is longer and the diastolic which is shorter. Between the fourth and fifth ribs, just against the sternum we shall perceive the two right ventricular sounds ; in the second intercostal space, left side, near the sternum, the sounds of the pulmonary arteries ; finally, in the second intercostal space, at the right of the sternum, the two aortic sounds. It is sufficient, in the great majority of cases, to place the stethoscope in these four regions in order to be sure of the condition of the cardiac sounds ; it is also often necessary to auscultate the carotids.

However, it is not always easy to examine the heart well ; the clinical data furnished by different special works are far from being precise and concordant ; sometimes the præcordial dullness is augmented or diminished on account of the condition of neighboring organs, sometimes the abnormal sounds are more or less masked by various causes. Also it is only after a long time, in being careful to make an examination of the heart of every patient, that one reaches the possession of the suitable clinical eye (*coup d'œil*). Thus, most of the indications given in the books, refer to the normal heart ; a heart dilated or hypertrophied may have its relations considerably changed. We imitate almost always the example of our old professor, Dr. Spring, and we have only to be thankful for it. With numerous patients we have found cardiac lesions which, perhaps, might have passed unperceived, and the discovery of which cleared up powerfully our diagnosis, and rendered our therapeutics more efficacious. In examining carefully the state of the heart, one will not be surprised to see certain affections, a bronchitis for example, last longer than he would have believed ; help will promptly be afforded by

giving to the patient a remedy acting more directly upon the central organ of the circulation.

What shall I say of the treatment of cardiac affections? It is very varied; it is very difficult; is it often efficacious? Some 20 years ago, during my University studies, when a heart affection had been diagnosticated, it was a sort of condemnation to death, more or less near by; a few palliatives, some hygienic recommendations, *Digitalis* or its alkaloid, and finally purgatives. Such were about the only therapeutics in use. Since then great progress has been realized, not only in a diagnostic and prognostic point of view, but in point of treatment. Happily, *Digitalis* is no longer administered to all patients; purgatives are no longer commonly prescribed in each case; more reasonably the regimen and hygiene which are suitable for such or such a variety of heart affections.

But unhappily the Allopathic school (and it ought to be so, since it persists in not being willing to follow our processes of study upon the action of remedies), Allopathic medicine, I say, is far from having found a medical treatment, properly so called, of cardiac affections.

It belonged to our school to make a step in advance, thanks to pure experiment, thanks above all to the study of the action of small doses, our therapeutics are enriched with a multitude of powerful remedies, and with indications often very precise. Remarkable works have been published by Homœopathic physicians ⁽¹⁾. We are able to say proudly to-day that we possess now amongst our remedies grand means for ameliorating and often even for curing completely cardiac lesions.

To cure certain heart affections! This idea would cause to smile many physicians amongst our adversaries. A few years ago we ourselves would have partaken of their doubts; but the numerous facts that we have observed, and well observed, have convinced us that a good number of the affections of the heart are curable. We have

(1) Dr. Hale lectures on diseases of the heart. Georges Lade, The heart and its troubles.

often enough seen disappear, under the INFLUENCE OF A WELL DIRECTED HOMŒOPATHIC TREATMENT, not only the palpitations, but the abnormal sounds dependent upon an organic lesion, properly so called. It is evident that the discussion is not here about heart affections arrived at their last period, when there is considerable dilatation or hypertrophy, when the cardio-vascular tonicity is almost completely destroyed; it is above all in the beginning that the treatment is the most efficacious. Every time that a patient complains of palpitations we always auscultate with the greatest care. We inform ourselves carefully as to his personal and hereditary antecedents; it is rare that we do not succeed in discovering, it may be, a modification in the sounds or the rhythm, perhaps a diathesis, above all, the rheumatic or gouty diathesis, which explains to us this functional activity of the heart. Chlorotic women, the anæmic, have, it is true, palpitations, the bellows sound, but in our opinion one attributes too often to the anæmic effects which do not belong to it. A good many physicians neglect the examination of the heart, or make it in a brief, summary manner, and believe by this even too easily in *nervous palpitations*; they are more rare than commonly believed. "I would not know how," says Germain See (1), "to put you too much on your guard against these pretended nervous phenomena, which are oftenest only the precursor of a disease of the heart, and which oftener still serve as a mask for it." Palpitations at the beginning generally yield to a few doses, more or less strong, of *Digitalis*, which most frequently is here only a simple palliative, and which does not attack the foundation of the disease. The majority of cardiac affections are in fact a manifestation of certain diatheses: rheumatism, gout, herpes, syphilis, etc.; the physician prescribes that remedy which causes the palpitations to disappear momentarily; the patient believes himself cured, but at the end of a certain time the palpitations return, and the patient has re-

(1) Germain See, of the *Diagnosis and Treatment of Diseases of the Heart*, 1879.

course again to those powders or those pills which have so much relieved him; during this apparent calm, due to the action of *Digitalis*, the malady makes progress and ravages. Finally (*du reste*), what would the Allopathic physician do at the inception of a heart affection after having ordered for the patient the regimen which appears to him the most appropriate? What medicaments does he possess in his therapeutic arsenal? *Digitalis*, and always *Digitalis*; but, then, what a remedy! It subdues, as soon as the dose is sufficiently energetic, the most violent palpitations. It is given, too, *larga manu*, even to the point of producing lypothymia and syncope. We do not ignore that some other remedies have a certain favor amongst our confreres of the old school, such as, for example, bromide of potassium, chloral; but it is always *Digitalis* which remains the great panacea. The Homœopathic physician, on the contrary, has before him a great number of medicines and indications more or less precise for choosing them; it is just here that lie our strength and the secret of our therapeutic success.

But let us say in passing a word about *Digitalis*, which is daily prescribed in strong doses by our Allopathic brethren: Do they know in the least what is the action of this plant upon the heart? Not at all. You see rather Bouilland claimed that *Digitalis* was the opium of the heart.

Bean, on the other hand, that it was the cinchona of it. At this hour it is not yet demonstrated how *digitalis* acts upon the heart. Some authors hold that its action bears above all upon the large vessels.

"In fact," says Dr. Michel Peter, "that which appears the most certain, after the researches of Homolle and Cl. Bernard, is that *Digitalis* acts upon the heart.

"But what is its mode of action upon this organ?

"Does it paralyze it, as Schiemann claims?

"Does it cause cardiac spasms, as Cl. Bernard says, or, rather, are we to believe finally with Traubes, that the heart is outside of the sphere of action of *Digitalis*, and that it acts only upon the moderating nerve of the organ, the pneumogastric?

“But this is not all; there are those who have said, as Sanders and Hirtz, that *Digitalis*, far from diminishing the number of beats of the heart, on the contrary, increases it, which is a simple affair of dose. In fact, in a feeble, or curative dose, *Digitalis* retards the pulse, whilst it accelerates it in a strong or toxical dose.

“As to this little question of arterial tension, which is all physical, however, the experimenters, in placing themselves in position, seemingly alike, still hold opinions completely different. Thus, Kinglake, Beddoes, Bidaut and Villiers, Schwilque, Gubler, Ferrand, Legroux, Lelion, and Siredey, admit that *Digitalis* augments arterial tension, while in imitation of the Italians, Traube, Hirtz, Onimus, and Coblentz, say that it diminishes it.”

Well, Doctors, who pretend to establish your therapeutics solely upon physiology, you will wait a long time still before all these discussions will be terminated; you will continue to administer in strong doses, and there is the danger, a medicine whose action you are not acquainted with; you ridicule the Hahnemannian method, which, without prejudging anything upon the intimate action of remedies, gives the true means of studying the action of them upon the healthy man, and of employing it with security upon the sick man.

At least, one would think that, when the question is of use at the bedside of the patient, the chiefs of the Allopathic school would be in accord; that the clinical use of this medicine would be well indicated; there is nothing of the kind; we cite some of the most authorized:

“The narcotics, above all, *Digitalis*,” says Niemeyer (1), “ought to be employed only with great reserve in nervous palpitations.”

“It has been said,” sharply replies Jaccoud (2), “that *Digitalis* is contra-indicated in this kind of palpitations; I reject this proposition, issue of the confusion of forms, and I affirm that *Digitalis* constitutes often the sovereign remedy.”

“This medicament,” says Michel Peter on his side,

(1) *Leçons de Clinique Médicale*, 1878.

(2) *Eléments de Pathologie interne*.

“ seems to have only an influence almost powerless upon purely nervous palpitations.”

The uncertainty is quite as flagrant when the question is valvular lesions and of the dilatation of the cardiac cavities.

“I am not ignorant,” says Jaccoud, “that the confusion upon this subject has arrived at that point that certain authors advise *Digitalis* in active hypertrophy and prescribe it in dilatation. *Digitalis* is indicated when the cardiac energy and arterial pressure are decreased; it is contra-indicated when the energy of the heart and arterial pressure are increased.”

On another hand, Michel Peter recommends this medicine in “palpitations which commence the series of cardiac affections and characterize the first phase of diseases of the heart,” without making any distinction between the different lesions.

“The usefulness and indication for *Digitalis*,” says Foussagrives, “in the different diseases of the heart, constitute points in the clinical history of this medicament which are still far from being elucidated, and here, as ever, one had rather invoke theory than observation, which, however, is only admissible in this matter, according as one sees in *Digitalis* ⁽¹⁾ either with Schiemann, a paralyzer of the heart, or with Murray, Bouil-land, a special hypermyosthenic of this organ, it is opposed here to an exalted action, there to an enfeebled action of the cardiac fiber.” “*Digitalis*” ⁽²⁾, says M. Germain See, “is called to intervene every time that the heart becomes unable to surmount the obstacles opposed to the circulation.” This is very vague and very difficult to prove; the efforts of M. See have not elucidated the question.

In short, these discussions and these disagreements would not have yet too much importance if *Digitalis*, in

(1) This accident is so well known that it has received a particular name, digitalism; the same as we know morphinism, chloralism. This medicinal asystole is a new demonstration of the law of similars.

(2) *Traite de therapeutique appliquee*.—1878.

the Allopathic dose, were a medicine more or less inoffensive; unhappily it is far from being so; this substance, even in a moderate dose, may bring consequences the most grievous; let us hear rather what says Doctor Jaccoud:

“The organism does not become accustomed to *Digitalis*, the effects accumulating in proportion as the use of it is prolonged. Thus can be seen to succeed each other at the bedside the two phases, which constitute the complete action of excited motor-substances; the initial excitation very strong or very long, ends in exhaustion; then, with or without gastric disorders, with or without cerebral troubles, the beats of the heart lose their force, they increase in frequency, the arterial tension decreases, and an artificial asystola ⁽¹⁾ is produced, which may kill, it may be by a syncope, or it may be by the asphyxia resulting from the decrease of arterial pressure and of the consequent venous stasis. It is enough to say that medication by *Digitalis* ought to be watched closely; it is necessary to remember above all that the action survives several days the omission of the remedy.”

Digitalis is a medicament whose action is obscure and whose indications are badly defined. In most cases of cardiac affections it is impossible to tell in advance whether, administered in an Allopathic dose, it will not aggravate in a manner sometimes terrible, the condition of the patient instead of relieving it.

“*Digitalis*,” says Professor Germain See, “has this very interesting thing in its action, which is being eliminated only very slowly, in about five or six days, the doses of each day are added to the preceding and accumulate in the economy in such a manner that if you prescribe successively increasing doses you will expose yourself to serious dangers.”

“For my part,” says Dujardin Beaurnetz ⁽²⁾, “I have been able to observe individuals for whom it was sufficient

(1) *Traite Pathologie interne.*

(2) *Lecons de clinique therapeutique; traitement des maladies du cœur.*—1878.

to discontinue the too prolonged use of this remedy, in order to produce a most remarkable amelioration." Here then is a medicine whose action ought to be closely watched, and which is daily prescribed without certainty as to its effects and indications, which the unhappy sick sometimes go to procure for themselves without the order of the physician. Several times already patients in coming to consult us were bearers of a vial of granules of *Digitaline*; one might have said of simple bonbons, and notwithstanding it is a simple remedy whose action, too prolonged, produces an artificial asystole, which may "kill by syncope." God knows how many poor sick people, who might have lived several years longer, have died sometimes even suddenly, victims of the abuse of this medicine.

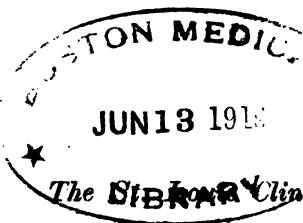
There is more still; the prolonged use of *Digitalis* will produce, according to M. Ant. P. Ath. Rabuteau, fatty degeneration of the heart, the same as *Alcohol*, *Arsenic*, *Antimony*, which like *Digitalis* moderate organic combustion and nutrition; thus, in mixing with the food of a dog ten to fifteen centigrammes of the powder of *Digitalis* every day for three weeks, the heart presents afterwards, at the autopsy, an appearance of incipient fatty degeneration.

Meyerand (1872) has confirmed this fact by giving to a large dog twenty centigrammes of powder during thirty-two consecutive days, at the end of which the animal succumbed; the fleshy columns and the muscular fibres of the walls of the heart were of a yellowish color⁽¹⁾.

Is this to say that *Digitalis* ought to be proscribed in affections of the heart? On the contrary it is a precious remedy which sometimes renders the most signal service; unfortunately its pathogenesis is not yet well established; there are several aspects of its Homœopathic action which are not well studied.

The celebrated English Homœopathic physician, Rich-

(1) Dict. ann. par P. Garnier. Xe. annee, t. 74. p. 167, et art médical, Decembre, 1879, p. 443.



ard Hughes, gives an excellent *resume* of it in his work, known as "Action of Homœopathic Remedies." "This medicament," says he, in summing up, "is Homœopathic to all forms and periods of cardiac weakness, even to that of complete dilatation and paralysis." But, when the Homœopathic physician has recourse to this remedy, he gives it only in feeble doses, and is not liable to see accidents happen; we are of the opinion of Dr. Hughes: it is necessary generally to have recourse then, in preference, to the very low dilutions, even to the mother tincture ⁽¹⁾.

Numerous great volumes have been written upon the subject of the diagnosis of the different cardiac affections; wise dissertations have been made in order to determine that such or such a valve was attacked, that there was contraction or insufficiency; to-day the practice has arrived, under this teaching, at a certain perfection, at the point that a practitioner, a little enlightened, will indicate easily, almost always, the special lesion which exists. But in a therapeutic point of view, properly so called, there is no necessity for such precision; the important thing, when one finds himself in presence of a patient, is to know at once if he has really a heart affection, which is not always easy to diagnosticate, particularly at first; but it is not so indispensable to know exactly how to recognize what species, what variety is to be dealt with. The practitioners of the Allopathic school generally confine their attention to recognizing such or such cardiac lesion and to guiding themselves by the gen-

(1) Since a certain time the Allopathic physicians have been in the habit of prescribing *Digitaline*; it appears that this which is sold under the name of *Digitaline* is a product complex enough, and the composition of which is far from being always identical; even in the crystallized *Digitaline* of Nativelle have recently been found several different substances; besides, this last possesses such an intensity of action that $\frac{1}{4}$ milligramme a day, says M. Germain See, it appears to me, ought to be the maximum dose. When a medicine presents such an activity it is not easy to have it enter into the practice of each day. (See Germain See, *Maladies du Cœur*, p. 337.) Add, that *Digitalis* itself (powder, tincture, extract) becomes changed with the greatest facility, at last all is confusion in relation to this remedy.

eral condition of the subject, in order to decide if they shall employ evacuants, depletives, excitants, narcotics, etc. Many other considerations, on the contrary, ought to enter into the account when it is necessary to establish the Homœopathic treatment. The physician ought to note carefully all the symptoms, however small they may appear, which are complained of by the patient, the causes, the antecedents, etc., etc., because all these circumstances will influence the choice of the remedies. For cardiac affections, as well as for others, it is not sufficient to diagnosticate the genus and species; it is necessary also to individualize the case according to the precepts of our school; and thus it is that one succeeds in choosing well the remedies, to make what is called a good therapeutic diagnosis.

(TO BE CONTINUED.)

DISCUSSIONS.

[In the St. Louis Homœopathic Medical Society, July 28, 1879.]

Dr. Cummings read a paper on Puerperal Phlebitis, or Phlegmasia dolens, which was discussed as follows:

DR. COLLISSE: I think this is a subject of considerable interest. The first real case of this disease I ever saw occurred years ago, when I was practising in Illinois. I was called in the middle of the night to go out ten miles to see it. It had been in the care of a physician for some time, and the family had concluded to try little pills.

I found that the woman had been thoroughly blistered, that leeches had been applied, that she had taken a pint of *Castor Oil* in 24 hours, without procuring an evacuation of the bowels, that the lochia had stopped, that the limb was very highly inflamed, and the woman was delirious. I covered the blisters with chamois leather, applied *Arnica*, and enveloped the limb in a table oilcloth. I gave *Arsenic* 2^x internally, and stayed with the case until daylight, when she was much more comfortable. She recovered

in a short time, and I delivered her afterward three or four times without her having any recurrence of the disease. In the treatment of this disease I have been successful with hot fomentations at first, and the *Chloroform Liniment*, referred to by Dr. Cummings, used later. *Arsenic* is the main remedy internally. *Pulsatilla* has little effect until the condition has got to be one of milk leg. *Veratrum Viride* is good, in the inflammatory stage.

There is much controversy on the pathology of this disease. My theory is that the pressure of the foetal tumor upon the vessels in the latter part of pregnancy causes a sluggish state of the circulation in the lower extremities from which the disease is developed. Inquiry generally shows that these patients have been "lame" in their limbs for some time preceding the attack.

The theory that the disease is caused by blood-clots, I do not believe. The condition in which these vessels are stopped up does not occur until the disease is considerably advanced. Nor do I think it is caused by tearing away the placenta, though this operation might endanger the uterus. Judicious instrumental delivery would not cause it. I think it results from the slow inflammatory condition which exists before labor, and that some fault in delivery or constitutional trouble may be added causes.

DR. COMSTOCK: I think the essay a very good one. Of this disease I have had but few cases lately. I used to have more, perhaps because we had poorer obstetricians years ago. I believe that the disease is very frequently traumatic; that many of the cases are the result of meddlesome midwifery. Few of the doctors that graduated over 12 years ago understood the mechanism of labor. They committed many sins of omission and commission, and many post-partum troubles were the result of officious examination. One of the common errors was the early rupture of the membranes, which I think is a very unwise proceeding, but which has been advised by high authorities. Only two years ago two eminent doctors in a British medical society declared

themselves in favor of rupturing the membranes when the os was dilated to the size of a silver dollar. This opinion, or instruction, as it really was, was published, and was allowed to go unquestioned. In my practice I very seldom rupture the membranes, whatever may be the amount of the dilatation, so long as the labor is progressing, and the woman doing well. I do not wish to be understood as saying that I never rupture them, because I do when I think I have a good reason, such, for instance, as paralysis of the uterus from over-distention by the waters; but I think it is better not to do it at all, unless actually necessary.

Another custom productive of much mischief at the present time, and one indulged in by many doctors and all midwives, is that of pulling away the placenta if it is not expelled within five minutes after the birth of the child. All that is necessary in most cases where there is any delay in the expulsion of the placenta, is to excite contraction by pressing the hand on the fundus of the uterus without even examining to see if the placenta is coming away. If necessary I continue the pressure one half an hour or an hour, and I have the placenta delivered by uterine contraction if it is possible. Where this is done there will be no subsequent trouble in ninety-nine cases out of a hundred.

As I have said, I think this disease, phlegmasia dolens, often results from traumatism. I think it may also result from improper involution with deranged lochia. In nearly all cases there is a stoppage or derangement of the lochia.

In the treatment I have used *Turpentine*, *Hamamelis*, *Chloroform Liniment* and *Aconite*, externally, and *Arsenic*, *Aconite*, *Belladonna* and mercuries, internally. It is a serious disease, and apt to be chronic. Sometimes a pain in the knee lasts for years.

DR. PARSONS: I would like to ask if *peritonitis* ever complicates this disease; and I would like to know whether Dr. Comstock ever uses intra-uterine injections in its treatment?

DR. COMSTOCK: Where there is little or no lochial dis-

charge with a foetid smell, I use a solution of *Phenol-sodique*, a preparation of pure carbolic acid and soda, introduced by French pharmacists. I use it in the proportion of from $\frac{1}{30}$ to $\frac{1}{10}$ with water. When the os is widely open there is no particular danger in injections carefully given. Years ago I used simply warm water, *Chamomile* tea, or infusion of *Cinchona*.

DR. CUMMINGS: How do you apply *Aconite* externally?

DR. COMSTOCK: On cotton, after the previous use of *Turpentine*. When speaking of traumatism, I might have mentioned that a lingering labor might cause it.

DR. COLLISON: I would like to corroborate the remarks of Dr. Comstock in regard to rupturing the membranes. I once knew a doctor who commonly punctured the membranes with a sharpened hickory stick. He had short labors, but in many of his cases there were troublesome sequelæ. I differ a little from Dr. Comstock in the management of retained placenta. While I do what I can to excite contraction, I pull a little on the cord.

DR. COMSTOCK: There are no two cases of labor alike. Night before last I attended a lady whom I had attended three times previously. They are a pretty smart, observing family, and the woman got it into her head that the presentation was not of the head. I asked her what made her think so, and she said that when I had attended her before I had always told her, after making the examination that it was a head presentation. This time I had not done so. On the first examination, I thought it was a head presentation; but when I examined the second time, I found the bag of waters presenting in an irregular shape. I have noticed that when this occurs there is generally an irregular presentation. I thought so in this case. When there is a breach presentation nothing should be done to hasten the discharge of the waters, nor the progress of labor, until all is born but the head. Then there should be no delay.

DR. KERSHAW: I would like to ask Dr. Comstock if there is any danger of exciting hour-glass contraction by pressure on the fundus of the womb?

DR. COMSTOCK: No; the placenta is in the fundal

region, and makes a tumor which is easily found, so that the pressure can be applied directly on the fundus, and would have no tendency to excite hour-glass contractions. In the management of labor I never give any medicine unless I consider it necessary.

DR. KERSHAW: I asked this question because several years ago I saw an article in some journal stating that manipulation of the uterus might cause hour-glass contraction. About that time I had a case of hour-glass contraction which gave me considerable trouble. I had employed manipulation to excite contraction, and I did not know but I had manipulated the body of the uterus and so caused the contraction of its lower parts.

DR. CUMMINGS: Did you give *Ergot*?

DR. KERSHAW: I don't remember.

DR. CUMMINGS: I once gave it to prevent hemorrhage, with the result mentioned.

DR. COMSTOCK: There are a number of doctors here in the city that make a practice of giving it during the last few pains. If I thought, in any given case, that there was danger of hemorrhage, I might give it when the head was ready to pass, but I consider the remedy dangerous and not to be used unnecessarily. My method with the placenta is recommended by Playfair, and I think it is most satisfactory.

DR. PARSONS: The remarks, though interesting, are wandering from the subject, and are really out of order. There are facts which indicate that phlegmasia does not begin at the uterus. The disease generally seems to begin at the bottom of the limb, and to extend upward. Generally there is no tenderness at the femoral ring in the beginning of the disease. Inflammatory troubles ordinarily extend in the direction of the circulation and not against it. If this inflammation began in the uterus, I should expect it to extend the other way. Still, there are cases that I have no doubt do begin there. Cases sometimes occur in the non-puerperal state that cannot be distinguished from ordinary phlegmasia except from the absence of uterine complications. During the prevalence

of this disease the secretion of milk is sometimes diminished, sometimes not. It does not always begin with the secretion of milk, it sometimes commences earlier, sometimes later.

In the treatment mentioned nothing has been said about position. I always elevate the limb in the puerperal or non-puerperal patient. Less blood enters the limb, there are less pain, less exudation and less swelling. In regard to the medical treatment, I have nothing to add.

Sometime since I read an account of a chronic case that was cured by ligating the femoral artery, an operation also recommended for elephantiasis.

DR. BAHRENBURG: I think it is the best plan to let breach presentations take their course. I had a case last winter that terminated favorably under that management. I have given no *Ergot* for twenty years, except for hemorrhage. In ordinary cases of labor I give no medicine. I let nature alone.

I recall one case of milk-leg. The woman had been delivered twice with instruments. Her abdomen and leg had been enlarged for months. Turpentine and warm cloths were applied locally and *Sulphur* was given one week and stopped for a week; then *Sepia* was given. *Phos.* 3^r was given to finish the case. The woman entirely recovered. Was delivered a third time by a midwife and had no subsequent trouble. She was formerly plethoric, but after the use of the remedies she was reduced in size.

DR. KERSHAW: Dr. Guernsey says, "Never remove the placenta, even if retained three weeks." I would like to ask Dr. Comstock whether he would ever take away the placenta?

DR. COMSTOCK: I would take it out, if detached. I was once called out in the country to see a case and found the placenta in the vagina.

I have digressed considerably from the subject, but I got onto this subject for the purpose of illustrating traumatism, a prominent cause of phlegmasia.

I once delivered a case with the forceps. Soon afterward the woman fainted. There was hemorrhage and the womb was nearly as large as before delivery. An hour-glass contraction was excited. I applied my hand to the fundus. Soon there were normal contractions and the whole trouble was removed. I had another case of hour-glass contraction where I introduced my hand and removed only a part of the placenta. Metritis, gangrene and death followed. If I had let it alone it could have done no worse. There are cases which demand it, but it is a serious matter to introduce the hand into the uterus.

DR. MORGAN: Seeing that the discussion has taken this turn, I might mention a case of retained placenta that I had last winter. I manipulated the uterus, pulled some on the cord, and gave *Ergot* without avail. I waited about ten hours, keeping pretty close watch of the case for fear of hemorrhage. Then I introduced my hand and found the placenta, throughout the greater part of its extent, seemingly about as closely adherent as an arm to the shoulder.

To separate it I retained my hand in the uterus, I believe, for fully half an hour. I was determined to get it all and I did so. The woman made an excellent recovery, did as well as could be expected in a most favorable case of labor.

DR. COMSTOCK: Didn't your hand seem as if it was in a vice?

DR. MORGAN: Yes, it did, but I kept it there until I got the placenta. It made the woman a little uneasy, but she endured it.

"HOMŒOPATHY IN THE WEST;"

A toast at the Alumni Banquet, March 11th, responded to by Prof. S. B. Parsons, as follows:

MR. PRESIDENT :

In speaking to the toast of "Homœopathy in the West," my mind goes back to the pioneer days of Homœopathic disciples in our land of prairies, and I can but compare those days with the present. We are all acquainted with their early struggles and difficulties; how manfully they fought against feelings of the most intense hatred, bigotry and prejudice of a professional sect; how popular and public sentiment alike were entered against them; how the daily press even closed its avenues of reaching the public mind against them in their battle of self-defense, and men of the clerical order waxed hot in opposition to the introduction of the principles they advocated, and advised their parishioners to die in the old faith rather than investigate the new faith. How different are our surroundings to-night! The wealth, beauty and intelligence around us are our patrons and at our command. The feelings of active hostilities so prominent in days gone by, so manifest under every and on all occasions by advocates of other systems of medicine, the sneers and looks of scorn whenever they chanced to meet an Allopathic foe, have been substituted by the courteous nod of recognition and the pleasant how-do-you-do; the pulpit orators are now giving their help to the extension of the school which holds that "'tis the mild power that cures;" the press now shows no impartial feeling, but deals justly and equally with all. In this brief review of the trials and troubles of our earlier brothers in this work, and the warfares they were continually and unavoidably engaged in, is there a heart here to-night which cannot appreciate the blessings of peace we enjoy? Is there a heart here to-night which cannot give all praise and honor to such men as Hempel, Pulte, Small, Guilbert, Smith, Adams, Temple, Vastine, Hough-

ton and others whose names are recorded on the tablet of veterans in the noble army of Homœopathic warriors? Within the space of one-third of a century how great the change made by the efforts of these men to relieve the world from its thralldom of unnatural medical treatment! For at the beginning of that time there was but a Homœopathic physician here and there in the Western States, who had come west and planted the flag of *Similia* on the very verge of civilization, and there established the fruitful seed that was so soon to spring forth into a thousand fold of golden grains. How is it now? The number is legion. Thousands of earnest workers in the Homœopathic ranks are scattered throughout the same territory. And notwithstanding the numbers are large and increasing yearly, the cry comes to us from every quarter for more, more, to supply places where none have located. Colleges, hospitals, dispensaries, journals, have all sprung into existence within that time, whilst municipal and state recognition, which year by year becomes more liberal and tangible, evince the growing favor in which our school is held by the public at large. Step by step the progress of Homœopathy has marched onward and upward with the growth and development of civilization in the West, and it may be said in this respect that it outranks the Eastern States in rapid dissemination of its great principles among mankind. It is no longer the Will-o-the-wisp of which we so often heard in days gone by, as proclaimed by the Allopathic fraternity, but a light whose radiance is so fixed and bright that the intelligent masses of every community accept it as the guiding star that points to a haven of far greater security than the false, uncertain gleaming that flickers and flutters in the glooming of the Allopathic world. Upon us devolves the duty of maintaining and protecting its reputation and dignity. Unto us is delivered the charge of extending its benefits among the dwellers of the western country, and we are responsible for its social and professional standing, be it good or be it bad. That condition is and will be just what we make it. It rests

wholly upon our efforts. But, Mr. President, as each succeeding year finds a more determined feeling in the medical schools of our country to elevate the standard of medical education, and send out only such alumni as are properly equipped to contest with the arch-enemy of human life, I think the welfare and interests of Homœopathy in the West will be carefully guarded and advanced.

**AN OPEN REPLY TO THE EDITOR OF THE
AMERICAN OBSERVER.**

DR. E. A. LODGE—*Sir:*

In the light of my membership in the National Homœopathic Medical Society, in the Wisconsin State Hom. Medical Society, and in the Medical Society of this city, I beg to decline to submit my credentials to a *self-constituted Board of Censors*, consisting of *two irregular graduates*—yourself and Sam Jones; you having been publicly accused in this respect by Dr. T. C. Duncan, in the “Investigator” of August, 1870, and having never replied thereto; and Professor Jones never having been examined by the Faculty of any Medical College in the country for his degree of M. D. ⁽¹⁾. When you satisfy me of your and his regularity, and of your right to question mine, I may satisfy your demands. Self-constituted judges should not be less qualified than the accused.

Had any *respectable* member of the medical profession made the charge of his own knowledge, which you ascribe to Prof. Jones, this reply would have been couched in a different tone.

I am yours truly,

SAM'L POTTER, M. D.

Milwaukee, March 25, 1880.

(1) My authorities for this are the written statements of the Deans of the two colleges whose diplomas Professor Jones claims to possess.

Lest any of my friends, in ignorance of the little weight to be attached to anything that Prof. Jones may say of an opponent, should think his slurs worthy of consideration, I beg to append the following copies of the action of *gentlemen* upon the record of my medical education.

Prof. Jones and Dr. Lodge had better purge themselves of the charges now on file against them in the American Institute of Homœopathy, before endeavoring to prejudice the profession against their accuser.

SAM'L POTTER.

MILWAUKEE, March 26th, 1880.

NASHVILLE, TENN., Feb. 28th, 1880.

To whom it may concern:

I am pleased to certify that I have carefully examined the testimonials submitted by Dr. Samuel O. L. Potter, as to his course of study, and extent of his medical acquirements, and that I am satisfied he very fully earned, and justly received the diplomas of the Homœopathic Medical College of Missouri, and of the Chicago Homœopathic Medical College.

The time spent and opportunities enjoyed by Dr. Potter for a thorough, scientific and medical training were greater than usually demanded in graduates in our American colleges.

J. P. DAKE, M. D.,

Ex-President American Institute of Homœopathy.

NEW ORLEANS, LA., March 2nd, 1880.

To all whom it may concern:

I have carefully examined all the papers, tickets, diplomas, etc. submitted in evidence by Dr. Samuel O. L. Potter, and I declare my opinion that Dr. Potter is fully entitled, under the rules of the profession and the laws of the country, to practice medicine.

It is incomprehensible to me how any doubt has ever been raised on the subject.

WM. H. HOLCOMBE, M. D.,

Ex-President American Institute of Homœopathy.

PITTSBURGH, PA., March 8th, 1880.

To all whom it may concern:

I hereby certify that I have critically examined all the certificates, lecture tickets, medical diplomas, etc., of Samuel Potter, M. D., placed in my hands, and am prepared to say that the degree of M. D., conferred on him by the Homœopathic Medical College of Mo., and the *Ad Eundem* diploma awarded him by the Homœopathic Medical College of Chicago, Ill., are but the just rewards of proficiency and merit. I am fully convinced that the time devoted to the study of medicine, the advantages enjoyed, and the literary attainments reached, entitle him to the confidence of the public and the profession, as a well qualified physician.

J. C. BURGHER, M. D.,

Ex-President American Institute of Homœopathy.

At a special meeting of the Milwaukee Academy of Medicine, held Feb. 21st, 1880; present—Drs. E. M. Rosenkrans, Lewis Sherman. E. W. Beebe, E. A. Gatchell, Mary E. Hughes, E. A. Storke and Samuel

Potter. Professor Chas. Gatchell, M. D., late of Michigan University, was also present.

The following resolution was unanimously adopted:

WHEREAS, Statement has been made by Dr. Samuel Potter, President of this Society, that certain members of the profession, actuated by a spirit of malice, are circulating false reports, reflecting on his medical education, thereby injuring him in the minds of the profession; and

WHEREAS, This Society, in committee of the whole, has examined the letters, certificates, lecture tickets and diplomas which he possesses;

Resolved, That we find that he has graduated at a College in good standing, and fully satisfied the requirements of the medical institutions of the country, in respect of preliminary educational qualifications, clinical and lecture courses, and a rigid examination.

E. M. ROSENKRANS, *Pres. pro tem.*

E. A. GATCHELL, M. D., *Sec'y pro tem.*

Having examined the papers referred to, I concur in the above cheerfully.

C. C. OLMSTED, M. D., *Vice-President.*

Among Our Exchanges.

DR. J. H. BUFFUM, late resident surgeon of the New York Ophthalmic Hospital, having been elected to the chair of Ophthalmology and Otology in the Chicago Homœopathic Medical College, has succeeded to the practice of the late Professor W. H. Woodyatt. Practice exclusively Eye and Ear. 90 East Washington Street, Chicago.

TREATMENT OF HYDROPHOBIA BY CURARA. —A boy, 12 years of age, was bitten by a mad-dog. After a long incubation, hydrophobia was developed. After using Chloroform, injections of Curara were used in seven doses of seven grains as the total amount in five hours and a half. With the first dose muscular motion ceased, and with it also the dread of water, and all spasmodic twitchings; and, finally, complete calmness for forty-eight hours. When symptoms of the disease again returned, Curara, in one-third of the dose, was continued until health was re-established. There was some local inflammation around the points injected.—[*Giornale de Venice.*

MARRIED.—Dr. R. L. Hill, of Dubuque, Iowa, to Miss Mary J. Goff, March 12th, at the residence of the bride. We wish the parties much happiness.

THE Filiaria Sanguinis Hominis is a parasite common in India, China and other countries, and quite likely to visit us, with our motley and changing population. It inhabits, as the name implies, the blood, migrating to the lymphatics, but seldom infesting outside tissues, like the trichina. Its length is $\frac{1}{16}$ th and its diameter $\frac{1}{3500}$ th of an inch—just about the diameter of a blood-corpuscle. Among the diseases attributed to its presence is chyluria. This affection, however, may also, doubtless, arise from other causes, as from a diseased kidney, which eliminates granular fat, just as it does abnormally sugar or albumen.—[*N. Y. Medical Journal*, February, 1880.]

DURATION OF PREGNANCY IN THE ELEPHANT.—On March 10th a female elephant, belonging to a circus in Philadelphia, gave birth to a baby which weighed two hundred and thirteen and one-half pounds, and was thirty-five inches in height. This, according to the "*Clinical News*," is the first recorded instance of an elephant breeding while in captivity, in any country, and also the first on record in which the period of gestation has been accurately determined to be twenty-one months and a half. The elephant was covered by a male elephant at Concord, N. H., May 25, 1878. The facts concerning this, and concerning the early history of its pregnancy, appeared in the "*Record*" for March 22, 1879.—[*Medical Record*.]

VAGINAL HYSTEROTOMY.—We learn that our former townsman, Prof. E. W. Jenks, now of the Chicago Medical College, has successfully performed the difficult and rare operation of vaginal hysterotomy, removing the entire uterus through the vagina. The operation was performed on the 8th ult., and the patient has been discharged completely recovered. The operation was resorted to on account of malignant disease of the uterus, and was the only procedure which could shed a ray of

hope on a helpless disease. We congratulate our friend Jenks on this success, which, however, can only serve to establish more securely, if possible, the position which merit has long since secured for him among the gynecologists of this country.—[*Therapeutic Gazette*.

INFLUENCE OF PILOCARPINE ON BALDNESS.—The following occurs in the "Moniteur Scientifique" for February, 1880: "Dr. G. Schmitz has twice noticed the reproduction of hair on the head of bald patients, whom he had treated with hypodermic injections of pilocarpine for eye diseases (*Berl. klin. Wochensch.*). On an old man aged sixty, who had been operated on for double cataract, he made three injections in the space of fourteen days; the membrane over the pupil disappeared, as he expected, but at the same time the head of this man, who was completely bald, became covered with a thick down, and afterward his hair grew and became thicker, so that at the end of four months there was no trace of baldness left, and the patient became the possessor of an abundant crop of hair partly white and partly black. In the case of another patient, thirty-four years old, suffering from detachment of the retina, the top of the head was entirely without hair on a surface as large as a playing card. In this case also two injections of the same medicine resulted not only in curing the eye disease, but also in the reproduction of hair.

ON THE TREATMENT OF NIGHT-SWEATING IN PHTHISIS—JABORANDI AND PILOCARPINE.—Mr. Murrell publishes the result of treatment in thirty-three cases of sweating, in which either Jaborandi or Pilocarpine was administered. Thirty patients were affected with phthisis; seventeen cases were given Pilocarpine, generally the nitrate, but occasionally the hydrochlorate. The dose was usually one-twentieth of a grain; at first it was administered in solution in water, but latterly in the form of pill, with sugar of milk. The drug was given three or four times a day. In night-sweating one dose at bed-time will suffice, unless the sweating is profuse, when it is best to give

three pills during the night. He never gives the drug hypodermically. Pilocarpine acts slowly ; it does not over-dry the skin, but leaves it moist. On account of its tastelessness it can be readily administered to children. Jaborandi was given in sixteen cases ; two had rickets, one emphysema and bronchitis, while the remainder were affected with phthisis. The doses varied from one to twenty minims every three or four hours. In a case of sweating accompanied by flushings, the tincture of Jaborandi, in minim doses every three hours, checked the former in one week, but the flushing remained. On the other hand, in two cases in which there were flushings but no sweating, relief was obtained by the use of tincture of Jaborandi, in five-minim doses every four hours. Phthisical patients stated that the drug "did the cough good," "brought up the phlegm," and "eased the breathing." It is, therefore, useful as an expectorant.—[*The Practitioner*, December, 1879.]

EPITHELIOMA OF THE CERVIX UTERI.—The advantages to be gained from such an instrument as Pacquelin's thermo-cautery, in the operation of epithelioma and other cancerous affections of the uterus, have been limited by the difficulty experienced in protecting the vagina and vulva from the heated shank of the knife. When a wooden sheath is used the wood may be ignited and the patient badly burned. The use of wet cloths gives rise to so much steam as to obscure the view, and besides, the protection afforded is very incomplete. Asbestos answers well for about three minutes, when it becomes hot and useless. To obviate these difficulties, Dr. Wilson, of Baltimore, has devised a hollow metallic shield through which a constant stream of cold water flows. This protoector is said to answer the purpose admirably, the soft parts being perfectly guarded from the effects of the heat, while the knife itself is capable of being raised to any desired temperature. Owing to the difference in the length and construction of the different knife-shanks, it is found necessary to have more than one of "Wilson's

anti-thermic shields" for each set of knives. For the blunt cautery a hinged shield has been made, which necessitates a separate water-supply for each side. All this difficulty may be readily avoided by a slight modification of the shafts of the knives and cauteries, which will not in any way impair their usefulness. The advantages of Pacquelin's instrument over the electro-cautery, it is claimed, are not only its greater cheapness, portability, and reliability, but also its greater effectiveness, it being possible to advance farther and more safely into the uterus and the walls of the vagina with this than the electric wire. The absence of hemorrhage and the complete removal of all septic material, the closure of the divided vessels, thus preventing the absorption of septic germs, are its advantages over all cutting instruments.—[*Medical Record*.

EARLY MENSTRUATION. *By J. W. Foster, M. D., of Kansas City, Mo.*—In October, 1878, while traveling in Southwest Missouri, my attention was called to a very interesting case of early menstruation. The child, then about two years old, had been menstruating some five months, the discharges occurring at regular intervals of three and a half weeks. There was nothing unusual present in the case with the exception of the early age of the patient. Her father was very much exercised about the welfare of his little daughter, and his solicitations were very earnest as to the future probability of the case. He had consulted many of the local physicians, and they had never seen an example of so early menstruation before. I assured the father that he need not be apprehensive of any immediate or remote danger, as the child was as healthy and perfectly developed as *Venus de Medici*. More than fourteen months have now elapsed since this case came under my observation and the child has remained perfectly healthy ever since. She continues to menstruate with all the phenomena pertaining to this function. Her breasts are showing signs of advanced development and the pudenda is also well coated with a

soft, silky hair, showing unmistakable signs that she is susceptible of impregnation. Another peculiar expression in the character of this child at the present age is a marked shyness or timidity fully expressing the womanly decorum and manner, which we so ardently admire in the gentler sex. In 1870 I saw in Cincinnati, a case similar to this one. In that instance the child began menstruating at the age of seventeen months, and when I saw her she was twenty-seven months old and presented all the features of a girl fully arrived at puberty. I have been unable to learn anything of the subsequent history of this last mentioned case, from the fact that in the spring of '70, her parents took her to Germany, they being Germans. It was their intention to visit the various medical schools and hospitals of Europe, and exhibit this early freak of nature.—[*St. Louis Medical and Surgical Journal*.

SURGICAL STATISTICS WITH AND WITHOUT LISTERISM.—The statistics given by Mr. Lister of the results from his operations performed under strict antiseptic precautions, have called forth a reply from the pen of Mr. James Spence, of Edinburgh. Mr. Lister took a period of five and three-quarter years, during the period when he says his antiseptic system has been more perfectly carried out. During that time he had performed eighty major amputations, with nine deaths. Claiming the same right, Mr. Spence takes a period before the antiseptic system was heard of, when he used the very simplest dressings. He finds that out of sixty-three major amputations he had three deaths; during the same period, out of twenty-three excisions there was but one death. Mr. Spence objects to Mr. Lister's elimination of fatal cases, by which means the claim is made that "no patient died from preventable disease," and he reminds Mr. Lister of a fatal case of amputation at the shoulder-joint, of which no mention had been made. Mr. Lister's experience in united fractures of the femur is thought to be unusually extensive, for during a much longer period Mr. Spence has met

with but two such cases, and one of these was rather a case of delayed union than non-union. Both were operated upon successfully, and without giving rise to constitutional symptoms. According to Mr. Spence, Mr. Lister does not state clearly the results of his operations as regards union, but Mr. Spence knows of one case in which the operation was repeated once or twice without union resulting. Of the resection of bones during acute necrosis, Mr. Lister gives no examples; in this class of cases Mr. Spence has been uniformly successful, and no spray or special antiseptic method has been used. Nor does Mr. Lister give his results in excision of tumors, although Mr. Spence claims that the large cut surface exposed to the air during these operations renders this class of cases, according to the germ theory, especially liable to infection; in Mr. Spence's experience it is the exception for these cases not to do well. In regard to the application of the antiseptic system to chronic abscesses, Mr. Lister is asked to explain the fact that when he left the Edinburgh Infirmary there remained in his wards, uncured, some seventeen of these cases. Mr. Spence found in his experience that, as regards constitutional symptoms, these cases did well under the antiseptic system, but not as to cure or arrest of discharge.—[*The British Medical Journal*, January 24, 1880.]

TOUR AROUND THE COLLEGE WORLD—HOMEOPATHIC MEDICAL COLLEGE OF MISSOURI. *By Quill.*—Badly used up from excessive work during February, the sickliest month with us since July, we turned over our patients to four medical friends, and winged our way southward to rest and resume our tour among the “doctor factories.”

At St. Louis we were piloted to the college building by Prof. Kershaw, where we found Prof. Cummings, with his able corps of assistants, among them Mrs. Dr. Pearman, nearly buried out of sight amid the multitude of clinical cases. Such an abundance of material we have not seen since we left the New York Ophthalmic



Hospital. We found some interesting children cases, and we must give them a talk on "Acids and Alkalies." The lectures had closed and they were busy with examinations, but Prof. Cummings gave us his clinical lecture hour to practically illustrate the value of our chemical division of children cases. After giving an outline of why there is a preponderance of acid or alkaline juices in the digestive canal, we had a run on tongues—from the red, denuded, strawberry, acid tongue of gastritis to the broad, pale, flabby, alkaline one of catarrh; then we had a panoramic view of epidermis, from the alkaline exudation of eczema to the acid acne rosacea of inanition. We had a view of the croups in these different classes of children, when the venerable form of President Spalding with a bundle of examination papers on Physiology, and the settled cloud of anxiety on the faces of our audience of expectant physicians, was the signal for a change of programme. Prof. Spalding has some views on the lymphatic system (which we had dubbed the bayou or back-water system), that our readers will be pleased to read. We were much pleased with the appearance of this graduating class. For intelligence, interest and enthusiasm, they compare favorably with any we have seen. We congratulated them on having a live professor of Pædology in friend Edmunds. In the St. Louis Children's Hospital we found some interesting cases. Good Samaritan Hospital is under the care of our school. Friend Comstock holds there an interesting gynæcological clinic, weekly. Under the efficient management of Dean Walker, the college is taking rapid strides to the front. Prof. Valentine reports a large increase of students, and double the number of candidates for graduation of the year before. "We were never in a more prosperous condition," was his enthusiastic report. Surgeon Parsons, who recently sustained an incomplete fracture of the tibia, was out on crutches, and off operating for some medical friend. Prof. Richardson threatens to be drawn out of medicine by the irregular working of his heart and his connection with the A. O. U. W., of which he is re-

corder, and chief medical examiner. He has resigned from the college, and is trying to recruit his energies. Prof. Kershaw we found in elegant quarters in the Windsor Hotel, busy preparing copy for the remaining parts of his work on Diseases of the Brain and Nervous System, which we shall push through the press as fast as possible. We found Prof. K.'s office filled with apparatuses of all kinds for treating cases in his specialty. One Miss with severe lateral curvature was being put through gymnastics to develop the contracted muscles. This case, said he, was the result of spinal irritation; a subject just beginning to receive the attention it merits.

The two pharmacies, Luyties' and Munson's, we found running under full head of steam. They represented business as "booming."

St. Louis has an able corps of Homœopathic physicians, and we only regret that we could not visit them all. Our stay was brief, but we departed well pleased with the *esprit du corps* manifest. More anon.

THERAPEUTIC EFFECTS OF LIGHTNING UPON CANCER.—
As I am not aware that the records of the healing art furnish any case of cancer having yielded to the influence of lightning, I venture to draw the attention of the numerous readers of the "Lancet" to the following remarkable case, which may awaken due interest in the curative value of electricity in diseases of a malignant type. Many years ago I heard the late Dr. Golding Bird express an opinion to the effect that electrical sparks draw from a cancerous structure until an eruption is produced was the only reliable means of cure which he could endorse. In confirmation of the theory of the celebrated electrician, I beg to submit an extraordinary instance of the therapeutic freaks of atmospheric electricity in the cure of cancer. The case loses none of its interest on the plea of antiquity.

About thirty years ago I attended Reuben S——, a farm laborer, residing at Langtoft, on the Yorkshire Wolds, who suffered from cancer of the inferior lip and

part of the chin for about a year, and who had agreed to an operation for their removal. In the meantime he undertook to assist a poor farmer for a day in ploughing his land. During this occupation he was struck down by lightning, and carried home in a state of insensibility. Both of his horses were killed, and the wooden beam of the plough was split and reduced to considerable fragments. Soon after the occurrence I visited, and found the ploughman in a state of great prostration, and emitting a strong odor of ozone, indicating electrical condensation of the adherent oxygen. As soon as reaction took place I bled him from the arm, which act constituted the whole of the treatment. What seems to be the most astonishing feature in the case is the healing process which set up in the lip and chin soon after the accident. The cancer gradually lessened, and in a few weeks every trace of the diseased structure disappeared, and for ten years he enjoyed complete freedom from his former suffering and signs of the disease. In proof of the specific and hereditary character of the disorder, I may state that the patient's granddaughter, Mrs. —, of Driffield, lately became the subject of a cancerous tumor over the larynx, which growth, assisted by Dr. Eames, I removed successfully a few weeks ago, and under the persistent use of arsenical treatment the cure seems to be satisfactory. In S——'s case the electrical fluid seemed to form and pass through two small holes in the head-band of his trousers, and to make its exit by corresponding apertures. After this remarkable exemption from all cancerous developments for so long a period, the disease reappeared, and, after a year of intense suffering, proved fatal; still leaving the inference unaffected, that the imponderable element secured for the patient an extension of life, and ten years' relief from the distressing consequences of carcinoma, which circumstance establishes my faith in the therapeutic power of electricity in scirrhus indurations.

From the foregoing presentation, it is evident that frictional electricity may in good hands become one of the most powerful therapeutic agents in the dispersion of

cancerous formations. When cellular hypertrophy takes place in localities favorable to the development of epithelial disease, frictional electricity might be employed for the purpose of destroying the morbid cells, whether in their incipient or advanced stages of progression. The authorities of the London Cancer Hospital will be unfaithful to their honorable trust should they decline to test to the fullest extent the curative effects of frictional electricity in some of the most hopeless variety of diseases to which humanity is exposed.

I shall not venture upon any theory of the specific action of electricity on morbid depositions, but consign the whole question to the abler readers of your incomparable journal.—[*A. Allison, M. D., in London (Eng.) Lancet.*]

A SEVERE CASE OF LUNG TROUBLE TREATED SUCCESSFULLY. *By C. H. Viehe, M. D., of Freelandville, Ind.*—On January 11, 1879, I was called to see C. C., a man about 44 years old. He had been in bed for about ten weeks, as I was told. Had at first had pneumonia (crouposa), for which he was treated by two Allopaths, and though he did not succumb, had not recovered.

At the time I was called his former physicians had given up all hopes of effecting a cure; told him that he could not live longer than about two weeks; and that no doctor in the world could cure him, for he had consumption.

When I arrived I found his description as follows: Dark hair, dark complexion; emaciated; pulse 120 per minute, and small and weak. An almost incessant cough, which was hollow-sounding, spasmodic. Expectoration profuse and purulent; he told me he threw up about a half of a bucketful of matter every 24 hours. He had great pain in left side—in region of lower lobe of left lung—and there existed a sensation of burning in upper region in front of same side. No appetite; great thirst; scarcely a quarter of an hour's sleep during night, and none during day. Told me that he grew worse all the time.

He was indeed so bad that three or four men were employed in watching every night, as nothing but death was expected.

After a thorough examination I was convinced that the case was consumption, depending on the former acute inflammation in pneumonia. As the lower region of the lung was dull on percussion, and stopped up, and the upper region was the seat of the ulceration, I diagnosed it therefore *catarrhal* consumption.

I had therefore some hopes of curing, even though death was predicted by the former physicians, and seemed imminent.

I gave Ars., 3^x and Bell., 3^x for five days, at which time I promised to call again (it being about ten miles distant from my office). Before my departure the former physician called in to see how his friend progressed, and after I had left, made a joke at the little medicine I had left, tasted the same and said it tasted like Nit. Acid, and it would not help him, for neither I nor any other man could cure him.

At my second visit, January 15, found the man much better. Pulse down to 110 per minute; dullness not so bad; cough and expectoration lessened; expectoration not so purulent as before. Gave now Sulphur, 3^x and Calcareo Hypophos., 1^x.

Third Visit, Jan. 22.—Found him decidedly better. Does not cough much; expectoration nearly ceased; pulse down to 100 per minute. Gave Lachesis 15th and Lycopodium 5^x. After the lapse of one week from my first visit Dr. F., his former physician, had called to see how he was, and after examination had pronounced him much better, with the remark that it seemed that "little medicine" helped him.

Fourth Visit, Jan. 30.—He is much better. Pulse about 85 per minute. Respiration, which had been very rapid, was now only 26 per minute. Very little cough and expectoration. Some dryness in throat at night. Gave Lachesis 15th and Bell. 3, Hypophos. of Calcareo 2^x for two weeks.

On the 14th of February received word as follows : Better in every way. No cough at all ; is up all the day ; appetite good ; but feels a little soreness in lower region of left side. Gave *Lycopodium* 3^x for two weeks.

Feb. 24.—About same. Sent him Phos., 5^x and *Kali Hydrodicum* 2^x.

Fifth Visit, March 10.—He has pain in region of back and kidney* ; some cough ; pain in left side, but no fever. Pulse 75 per minute. Gave *Hypophos. of Calcareo* 2^x and *Bell.* 3^x. From this time up he felt entirely well, with the exception of a little cough, about the 8th of May, which was checked by *Bell.* 3^x.

Up to this date, January 28, 1880, has had no relapse of the trouble.

In conclusion I wish to call attention to the following points :

1. Success of Homœopathic treatment will always do more towards converting people to a belief in our school than volumes of written advocacy. This cure, too, brought many others under my care.

2. The decided change from the first application of the Homœopathic remedies.

3. The gradual but steady reduction of the pulse down to the normal standard.

4. Steady lessening of the expectoration and cough.

5. Homœopathy may succeed, and we may in many cases have hopes to cure, where patients are given up by Allopaths.

HYDROBROMIC ETHER.—We would most highly recommend this new anæsthetic to the surgical profession, and indeed to all who operate. We introduced the *Hydrobromic Ether* in this country in the summer of 1877¹ and have employed it in over one hundred cases which were reported at the International Congress at Amsterdam, in 1879. We also brought it before the Section of Otology

¹ See *The Advantages and Accidents of Artificial Anæsthetics*, first edition ; also second edition, pp. 67, 80, 294, with a full account of its properties, and the best method of preparing it, etc.

at the meeting of the British Medical Association, at Cork. In June, 1879, we administered it in the public clinic before a class of two hundred students, at Jefferson College Hospital, and Dr. Samuel W. Gross removed a cyst in front of the hyoid bone in a young girl, Dr. Levis having charge of the pulse which he found but little affected. It has been employed now in all classes of operations, and its advantages are as follows:

First. It is perfectly safe as an anæsthetic, and free from many of the objections to Chloroform or Ether.

Second. It is almost as rapid in its anæsthetic effects as Chloroform, and is more rapidly eliminated by the lungs.

Third. It is more agreeable in its odor than ordinary Ether, is not inflammable, and therefore can be employed at night in using the actual cautery, or in a private office or a lady's chamber without being offensive or dangerous.

Fourth. The cost is now about thirty-five cents per ounce, yet it requires only two drachms to produce its anæsthetic influence, and two more to keep it up.

Fifth. Vomiting is very rare, unless the stomach has been recently filled with solid food.

Sixth. The pulse is increased in force and volume, respiration not much over the normal, and the pupil at times slightly dilated, with free action on the skin.—*DR. TURNBULL in Feb. No. of St. Louis Medical and Surgical Journal.*

Books and Pamphlets Received.

HEADACHES AND THEIR CONCOMITANT SYMPTOMS. By John C. King, M. D. W. A. Chatterton & Co., Publishers, Chicago.

A useful and apparently very reliable little book upon an important subject. It will repay a careful perusal.

J. MARTINE KERSHAW.

STAMMERING AND ITS TREATMENT. By E. B. Shuldharn, M. D. Homœopathic Publishing Company, London.

This is an interesting little work of seventy-two pages. Canon Kingsley's experience in the treatment of his own case receives con-

siderable attention. The following are the general rules adopted by Kingsley: 1. Open your mouth. 2. Take full breaths, and plenty of them; and mind your stops. 3. Keep your tongue quiet. 4. Keep your upper lip down. 5. Use your lower lip. 6. Read to yourself out loud. 7. Read and speak slow, slow, slow. The author believes that the art of breathing is the great secret in the successful treatment of stammering. The fact is noted that the majority of subjects are men. This the author deems a somewhat curious fact. No one having an intimate acquaintance with the female portion of an American community would be surprised at a matter of this kind. The profession is indebted to Dr. Shulldham for having written so useful a book.

J. MARTINE KERSHAW.

"CURABILITY OF CATARACT WITH MEDICINES," is the title of a recent little book by Jas. Compton Burnett, M. D., F. R. G. S., the brilliant editor of the "Homœopathic World."

The positions taken by the author and his line of argument may be epitomized as follows:

"Diseases of the skin are admittedly curable with medicines. The lens is a dermoido-epithelial structure; cataract is a disease of the lens. Therefore cataract is curable with medicines. He goes back fifty and a hundred years to show that there were 'cases of cataract' cured with remedies, etc., by Allopaths. Therefore Allopaths have proved the curability of cataract without operation."

He follows this up with cases from practice, cullings from Homœopathic literature, and some personal experience and successes, and ends by giving a general *resume* of how to do it and why it is possible. Our author discusses this very important subject with that degree of rare assurance which is usually associated with firm belief, but which, it must be confessed, is sometimes only the result of an inward consciousness that a shaky cause needs a bold front. After boldly stating his position he almost disarms criticism by the frank admission (p. 6.) that he has "no very special knowledge of the eye or its diseases."

It would be difficult indeed to frame a more defective line of argument than that embraced in the first plank of his platform; for, admitting that the lens resembles the skin in reference to its embryological development, to affirm, for this reason, that cataract can be cured with remedies because skin-diseases may be, is certainly as un-Homœopathic as it is unscientific. A system of therapeutics based upon this theory would be as ridiculous as possible, followed to its logical conclusions.

A few of the cases given as cured are backed by such testimony that we can scarcely question the diagnosis, but many of them are open to much criticism upon this point. A few of such may be given:

(P. 90.) "Dr. Becker treated carpenter * * * * tetter on face, which disappeared * * * sight became affected * * pupils presented misty, smoky appearance, as in forming stage of cataract." Sulph. and silica speedily cured.

(P. 93.) "Tinsmith, aged 20, who had worst kind of itch—then tearing pains in left eye, itching skin, etc.—became suddenly and completely blind in left eye. Symptoms—a staring look of left eye; pupil dilated and immovable; in the centre of lens was a slight opacity; his sight was almost extinguished." Six doses of sulph. ⁶

knocked his cataract (?) all to pieces, and in a month the affected eye was as useful as it ever had been.

Again is quoted (p. 76): "A cataract, rather advanced, was cured in six weeks, and that radically, by sulph. ³⁰, and a fortnight afterward by causticum, in an old lady of sixty-one years of age." Which statement is as vague as it is dubious.

One more case from Dr. Goullon may be given (p. 46): "*Cataracta dura incipiens*. A lady, aged 67, was suddenly attacked, after taking cold, with a pressing pain around the eyes, which was worse in the open air; before the eyes she constantly saw dark figures, like spider-web or lace, of the size of the hand. She had been subject to sick headaches all her life. Sepia ³, one dose night and morning, for fourteen days. In four weeks the large dark figures were reduced to mere specks and her general health greatly improved." Where is the cataract here, and what is the value of such a case?

The truth is that the diagnosis of cataract, in its incipency, is never listed among the positive things except by the incompetent and hence unreliable observer. A slight central corneal opacity, or obscuration, a discolored aqueous, the peculiar appearance which the pupillary space may assume in certain forms of iritis, vitreous or choroidal disturbance, might easily deceive any but a skilled observer. Again, in certain neurotic complications the lens might temporarily be a little less transparent than normal, etc., etc. And no doubt some of the observations afforded were of similar nature. The critic is cognizant of many just such mistakes in the profession at large, and all specialists are fully aware of this fact.

Much importance is given to the opinion of Dr. Manlan, who claims that the primary cause of cataract is *Psora*. We are glad to be introduced to Dr. Manlan, even in this way; it is a pity though that he does not figure among the recognized authorities on such subjects. *Psora* is a convenient little word; it covers a multitude of ills. In Dr. Manlan's views our author finds great consolation, and, after quoting him in full, says (p. 25), in classic German, "*Ist mir alles wie aus der Seele gesprochen*." And yet (p. 41) he rather forgets his enthusiastic adherence to the *psora* theory, for he remarks, "There are no two cases of Cataract exactly alike—Thus I have noticed in my own experience one case due to repeated attacks of inflammation," (inflammation of what?) "another arose from arsenical poison, another from a liver affection (?) etc., etc."

The red rag which so distresses our author comes to light on page 107 where he says, "But where are our physician-oculists? Nowhere!" Living in England it is perfectly natural that such a thought should occur to him; and having a point to make, it is not strange that he should hasten to answer it thus, "Nowhere." He seems to forget or quietly ignore the fact, that here in America are to be found in our own school many physician-oculists; and seems unaware of the existence of an "AMERICAN OPHTHALMOLOGICAL AND OTOLOGICAL ASSOCIATION," with a membership of forty, ALL specialists in the eye and ear; a band of well educated, enthusiastic, thoroughly competent, Homœopathic physician-oculists. Is it for a moment to be supposed that these men would neglect to fully and faithfully try the virtues of Homœopathic remedies in cataract? All of them have done so, and from among them the critic

has been unable to obtain a single authentic case of cure, for that condition which a specialist would diagnose as cataract. We had occasion not long ago to address ten of the leading Homœopathic oculists, upon this topic,—eight of whom were teaching Ophthalmology in our medical colleges, asking if they had in their own individual experience ever seen or known of any case of cataract cured by Homœopathic or any other medication. The answer was a unanimous No. All of them, however, are cognizant of certain cases where a haziness of the lens caused by infiltration or obscuration between the interfibrillar substance has been removed, but not true changes in the lens fibre itself. Every slight obscuration of the lens is no more a cataract than every cold is a pneumonia.

The author certainly makes the most of his subject, and has succeeded in presenting a very readable little book, quite worthy of attention. He strikes hard blows, and is very positive in matters which are as yet far from settled. Still he evidently feels the position in which he is placed, for there are evidences of dodging all through the book, and even finally he winds up very prettily by saying—

“Censeurs savants, je vous estime tous;
Je counais mes defauts mieux que vous.

J. A. CAMPBELL, St. Louis, Mo.

Editor's Drawer.

DR. J. MARTINE KERSHAW has moved to 2221 Olive Street, Saint Louis, Mo.

DR. EDWARD DEWEES has been appointed Dispensary Physician, and Dr. Henry J. Dionysius out-door Physician.

WE have received the addresses of Professors Franklin and Jones, of the University of Michigan, delivered at the inaugural ceremonies of the Homœopathic Hospital, on the University campus.

THE HUMAN SKELETON consists of more than two hundred distinct bones. So, when a man says that every bone in his body aches, you may know that he is a landed proprietor of more than two hundred achers.

DR. N. G. BURNAM, of Denver, late of Saint Louis, and formerly of Indiana, is carrying on a spirited controversy in the Denver “Republican” on “The Pathies.” He writes well and stands as firm for our cause as the mountains that rise in grandeur around him.

DR. W. R. OWEN, of Pueblo, Colorado, has moved into his new office, and his hosts of friends gave him a surprise party on March 11th, a brilliant account of which appeared in the “Colorado Chief-tain” of the 14th of March. Dr. O. is one of our Saint Louis graduates, and they all do well.

Dr. WM. COLLISSON holds a Gynæcological Clinic at the College Dispensary, Tuesdays and Fridays, from 1 to 2 p. m. Dr. S. B. Legg has been appointed Assistant to this Clinic.

FORT SCOTT, KAS., March 16, 1880.

P. G. VALENTINE, M. D., Saint Louis, Mo.—*Dear Doctor* :—I hope you will attend our annual meeting at Lawrence, the second week in May. I shall, as President of the Society, do all I can to have a full attendance, and have the promise of reduced rates on all Railroads.

Fraternally Yours, V. W. SUNDERLIN.

"THE CLINIQUE."—This is a new Homœopathic medical monthly, from the great city by the "unsalted seas." Prof. T. S. Hoyne is the talented editor. We welcome the "Clinique" with pleasure upon our exchange table. Its special object is to establish an organ for the Hahnemannian College, and to publish the clinics held at the Homœopathic Hospital. We know Hoyne and we like him. He descended from a noble grandsire, Prof. Temple, of Saint Louis, and may he never dishonor his ancestry!

WESTERN ACADEMY OF HOMŒOPATHY will meet June 1st, 2d and 3d, at Minneapolis, and we are informed that our friends in the Northwest are preparing to give us a rousing welcome. They are a live people up that way, and believe that large gatherings of medical men have an immense power towards popularizing and extending any great enterprise. It will be a delightful trip by river or rail, in the early summer time, and with reduced traveling rates and hotel prices, there ought to be a throng in attendance. Saint Louis will be represented by some of her best men. Rates at Nicolet House, \$2 per day.

DR. SAMUEL POTTER, of Milwaukee, Wis., has provided himself with the most approved instruments and apparatus to make microscopic examinations of tissues, urinary deposits, secretions, etc., and solicits the patronage of the profession. We also give him space to show that his jealous enemies, when they struck at his character, threw a boomerang which they will not be pleased to see return upon themselves with redoubled destructive momentum. He is one of our Alumni, and will never disgrace his Alma Mater. Homœopathy cannot suffer from any or all the light that science may pour into its darkness.

DR. VALENTINE: As chairman of the Bureau Pædology, Western Academy of Homœopathy, I have pleasure in reporting to you the following promises of papers for next annual meeting:

"Diseased Breast milk;" by J. R. Haynes, M. D., Indianapolis, Ind.

"The Insanity of Children;" by J. Martine Kershaw, M. D., St. Louis, Mo.

"Diphtheria;" by A. S. Everett, M. D., Denver, Col.

"Gastric Catarrh;" by T. C. Duncan, M. D., Chicago, Ill.

"Diphtheria;" by J. T. Boyd, M. D., St. Louis, Mo.

"Enuresis;" by W. A. Edmonds, M. D., St. Louis, Mo.

Respectfully, W. A. EDMONDS, M. D.

Chairman Bureau Pædology.

REMOVED.—Dr. O. B. Moss, from Kansas City, Mo., to Cleveland, Ohio, 385 Euclid Avenue.

AMERICAN INSTITUTE OF HOMŒOPATHY will meet in Milwaukee, Wis., on the 15th of June.

DR. C. C. OLMSTEAD,

Chairman Committee of Arrangements.

THE Fifth Annual Meeting of the Missouri Institute of Homœopathy will be held in Hannibal on Wednesday and Thursday, June 9 and 10. A large and interesting meeting is expected.

WM. D. FOSTER, *Secretary.*

"THE BUFFALO INVESTIGATOR."—This is another medical monthly—quasi or pseudo-Homœopathic. This has followed hotly at the heels of a new medical college, born to teach liberal medicine (?). All the other colleges have gone after strange gods. The Buffalo atmosphere is peculiar. They are quarreling yet over the name of the bantling. Why don't they call it "Collegio-Liberalio-cum-Homœopathico-cum-Electio-cum-Iconoclastico-cum-Buffalo?"

"S. L." AND THE BUREAU.—The pictures illustrating the condition of our Indian Bureau, under the administration of Mr. Schurz, not long ago in "Harper's Weekly," would hardly apply to the Bureau of *Materia Medica*, under the chairmanship of our friend Dake.

The drawers are all in place in his bureau, the veneering not broken, and even the castors uninjured.

When the valiant editor of the old "North American," our versatile friend, "S. L.," opened out on the bureau, it looked as though that ancient piece of furniture, repaired and refilled with some new drawers, differing from the traditional ones we used to look upon with so much reverence in our youth, would surely go to fragments.

But, though the bureau was shaken and the drawers made to rattle somewhat, it was not seriously damaged. It was quickly put in usual trim and polished up by its chairman, as shown in the "Hahnemannian Monthly." The moral is, that editors, as well as private writers, had better not anticipate the good offices of a bureau, at least not endeavor to knock it to pieces before it has had the opportunity to show its best results. Judging from the works of last year we predict able and honest reports from the Bureau of *Materia Medica*, Pharmacy and Provings, at Milwaukee. We do not see how better methods of investigation and surer aims at the truth can be derived than we see displayed by it, at the present time.

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PHILO G. VALENTINE, A. M., M. D., EDITOR.

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NUMBER 3.

RECENT ALLOPATHIC EXPERIENCE. VINDICATING THE TRUTH OF THE HOMŒOPATHIC MATERIA MEDICA.

EUGENE F. STORKE, M. D., MILWAUKEE, WIS.

The experience recorded by some of the recent writers on the *materia medica* and therapeutics of the old school of medicine, tends very strongly to vindicate the truth of our fundamental principle—*similia similibus curantur*.

This fact is very gratifying. It shows us that among the principles underlying our practice, we have at least one that is corroborated unwittingly by our opponents, and that is founded on truth.

This condition of affairs admonishes us that, while many physicians in our own ranks are engaged in creating a clinical experience of an imperfect character, with the infinitely extended potentization process, the regulars are absorbing our armamentarium. While we are bickering and disputing over the high and low dilution theories, we are being professionally swallowed, *secundem artem*, by the physiological school, as the well-favored kine were by their lean contemporaries in Egypt in the time of Pharaoh.

Mere individual experience may, often, in clinical medicine, lead one to form wrong conclusions. The united experience of the members of any particular system of medicine, may lead us to a more correct conclusion, and the united experience of two opposing systems of medicine,

will enable us to form a very correct conclusion. This result will be more completely satisfactory if the conclusions have been reached by wholly dissimilar methods of investigation, such as we find to be the case with the dominant school and our own.

Guided by our symptomatology, in the light of the law of similars, we prescribe our remedies. Our experience justifies us in the belief that our medicine has been of benefit to the patient. Our opponents are guided by chance and experimentation. Their experience justifies them in making the several assertions which I have selected as the basis for my paper.

Our experience convinces us that our fundamental principle does not exist only in name, while on the other hand they conclude that it is a delusion and a snare and exists only in a name. In our opinion their experience corroborates our own, giving us overwhelming proof of the universal law of similars. They are accepting the application of homœopathic remedies, and using them in accordance with our law, even using them in fractional doses, and they are getting good results; at the same time they disclaim any belief whatever in similia, and speak of us in the *endeavouring* terms of quacks, frauds, mountebanks, etc.

Dr. Robert Bartholow, formerly of Cincinnati, Ohio, Professor of Theory and Practice and Clinical Medicine in the Ohio Medical College, more recently Professor of Materia Medica in Jefferson Medical College, and author of a work on materia medica and therapeutics, ignores the truth of the homœopathic law, and doubts the honesty of those recognizing such truth.

In speaking of the therapy of Aconitum, he says: "It is not applicable in accordance with the so-called law of similars. It is used by these quacks (homœopaths) because it is a powerful agent which will produce manifest effects in small doses, that may easily be disguised." After this he immediately goes on to say: "Aconitum given in small doses is a very valuable medicine, in the class of cases to which it is adapted." In all the various morbid conditions mentioned by him as instances where Aconite will prove curative, we find he is led by experience alone, his own and that of his contemporaries. His pages are replete

with excellently-reflected homœopathic indications for the polychrests, somewhat crude, perhaps, and lacking a fine homœopathic discrimination, between the similar pathological conditions, but nevertheless good, average homœopathy. A reading of his article on Aconitum will remind one very strongly of Hempel's dissertation on that medicine. The impression that the reader gets is, that without Aconitum the practice of medicine would be like the play of Hamlet with the character of Hamlet left out.

Professor Ringer also is very enthusiastic in his laudations of many of our own polychrests, particularly so in his article on the curative powers of Aconite, but he is more conservative, and if he notices anything in the action of that medicine that reminds him of *similia similibus curantur*, he neither affirms nor denies the existence of any such law.

These two authorities unite in saying, virtually, that "Aconitum lessens the pulse rate, lowers the arterial tension, and diminishes abnormal heat, consequently it antagonizes that condition of the organism known as fever;" then by a series of physiological and pathological reasoning, they reach the logical conclusion that Aconite is curative in tonsillitis, acute pharyngitis, ulceration of the tonsils, acute catarrh, acute otitis, acute catarrhal bronchitis, pneumonia, catarrhal pneumonia, acute pleuritis, acute congestions, peritonitis and in nearly all acute inflammations. It is equally efficacious, we learn from them, in the treatment of eruptive fevers, erysipelas, cerebral congestions, neuralgia, and finally in congestions induced by a suppression of the catamenial flow.

"The only objection to its employment," says Dr. B., "is, that the monopoly by homœopathic practitioners, of its use, has aroused a prejudice against it." Now, were this monopoly done away with, its use would, unquestionably, become very general. We notice, however, in the face of this giant monopoly, that the recommendations by allopathic authorities, for its use, are in thorough accordance with the teachings of our materia medica. Instead of recommending it for fevers or in inflammatory conditions, he searches out the characteristic conditions and symptoms which guide them in its application.

We are told by these authorities that in ordinary sore throat and in certain acute inflammations of the air passages, Belladonna is a remedy of great efficacy. "There can be," they say, "much relief given by this remedy in whooping cough and asthma." "Belladonna has no prophylactic power against scarlatina, but it is a very useful remedy to relieve some of the symptoms in that disease." "It is also," they say, "of much use in diphtheria, erysipelas, typhoid fever, sick headache, mental difficulties, neuralgias, enuresis, spermatorrhœa," and in many other kindred affections. These are all, we see, in thorough accordance with our manner of prescribing it; marked instances of the homœopathicity of the drug.

Arsenic we find recommended in irritative dyspepsia, where it is specifically indicated by such symptoms as our provings of the drug have made us so thoroughly conversant with, "a red pointed tongue, poor appetite, distress after meals, the presence of food causes intestinal pain, colic and desire to go to stool." The form of diarrhœa curable by arsenic is, "an intolerance of food, an evacuation of the undigested aliment taking place soon after it is swallowed." We see that Bartholow advises its use in the vomiting of pregnancy, chronic gastric cartarrh, chronic ulcer of the stomach, and gastralgia as well as in enteralgia.

Arsenic is recommended by our opponents in epidemic cholera, after which one of the authors (Dr. B.) naively states that, "it is a curious circumstance that some cases of acute arsenical poisoning are not distinguishable by their symptomatology or morbid anatomy from cases of epidemic cholera." "Cases of acute coryza and hay asthma are often much relieved by this remedy," they say, and then they advise its use in "phthisis, particularly in the acute forms." Chlorosis and anæmia will be benefited by it, as they say it "promotes the constructive metamorphosis." "In œdema of the feet, angina pectoris, melancholy, hypochondria, neuralgia, hemicrania, and other neuralgias of a malarial origin, chronic eczema and eczema squamosum, acne and pemphigus, furuncles, diabetes and lastly in scirrhus and in cancerous troubles we may reasonably," they virtually say, "expect much benefit from the use of Arsenicum."

The same authorities tell us that the evidence is conclusive that Gelsemium assists labor in the first stage, suspends after-pains, relieves ovarian neuralgia and dysmenorrhœa. In pneumonia and pleuritis, in remittent fever, in typho-malarial and in intermittent fevers it has a kindly action.

Bartholow says that "attention has recently been recalled to the curious fact, that Ipecac, in small doses has the power to arrest certain kinds of vomiting, more especially," he says, "in nervous vomiting, vomiting of pregnancy, vomiting of drunkards, and vomiting of migraine." Experience has shown him that it is useful in hæmoptysis, menorrhagia, post-partum hæmorrhage, and in acute catarrhal conditions of the nasal and bronchial mucous membrane, hay asthma, and in capillary bronchitis, and in ordinary colds.

In *Nux vomica* they find a very efficient remedy in some forms of constipation, atonic dyspepsia and diarrhœa, gastralgia, chronic gastric catarrh, and in the gastric troubles of drunkards. "The symptoms which follow the sudden withdrawal of stimulants, as poor appetite, feeble digestion and the nervousness and trembling may be," they say, "removed by frequent small doses of *Nux vomica*." Some forms of epidemic dysentery, amenorrhœa, neuralgia, dysmenorrhœa, impotence, nocturnal emissions and enuresis are relieved with *Nux vomica*, in their opinion. In nervous difficulties, and in paralysis they find the utmost benefit from *Nux*. "Chorea, tetanus, epilepsy, neuralgias, spasmodic asthma, difficulties arising from lead poisoning, tobacco, alcohol, and coffee may be relieved by this medicine," we are informed by them.

"*Pulsatilla* is adapted to the treatment of acute catarrhal inflammation of the nasal, faucial, laryngeal and bronchial mucous membrane." "Sudden arrest of the menstrual flow, whether caused by moral emotion or cold, may be relieved and the effects prevented by *Pulsatilla*." I quote these direct from Bartholow.

Cantharis they find to be of benefit in irritability of the neck of the bladder, and vesical tenesmus, chordee, acute desquamative nephritis, and chronic catarrh of the bladder.

Mercurius is recommended by them in tonsillitis, parotitis, and in inflammation of the sublingual and submaxillary

glands. In gastric catarrhs in children, cholera infantum, catarrhal states of the intestinal mucous membrane, and of the hepatic duct, manifested by nausea, anorexia, tympanitis, whitish or clay-colored spots, and jaundice, in ilio-colitis in infants, typhoid fever, and many other conditions, in accordance with our *homœopathic quackery*.

Camphor for the preliminary symptoms of Asiatic cholera is largely used by them, and as they say "with obvious results." In the incipency of acute catarrh, strangury, and for allaying sexual excitement, they have a very satisfactory clinical experience. In priapism, chordee, satyriasis, and in nymphomania they depend more or less upon camphor. At the same time they find it to be of marked benefit in nocturnal seminal emissions with weakness and relaxation of the genitalia.

The use of Hamamelis in passive hæmorrhages has been found to deserve honorable mention at the hands of Drs. Ringer, Preston and Hall.

Actea racemosa is said by Dr. Ringer to benefit pleurodynia dependent on uterine derangements. He says that it will prevent miscarriages in an irritable uterus, and in prolapsus uteri, and that it will be serviceable in the headaches of nervous hysterical women, especially at the menstrual period, or when the flow is too severe, or at the change of life. In chronic rheumatism, and more especially in lumbago, they are pleased with its results. In rheumatoid affections of the joints they find *Actea* of benefit. "Its action on the uterus is," they say, "to stimulate the contractions, strengthening, but not prolonging them." It is also used by them to prevent after-pains.

Cuprum they find of benefit in gastro-intestinal catarrh, vomiting, cholera, cholera infantum, epilepsy, chorea and hysteria, and it is, they say, "palliative in the diarrhoea of phthisis."

Chamomilla they find to be useful in complaints of dentition, characterized by "green watery, many-colored and slimy stools." In adults, in diarrhoea of "white, putty-like stools, coated tongue, intense headache with a sensation of pressure in the cranium." "The remedy is also efficient," they say, "in other kinds of summer diarrhoea. It also subdues restlessness and peevishness."

Colocynthis relieves colic of a nervous character or of a spasmodic sort, for them. It also relieves the colicky pains and severe tenesmus in some forms of dysentery.

These instances and recommendations might be multiplied, but I have given enough to call attention to the aggressive force which is rapidly at work.

Now we can easily see the tendency of the times. The principles for which our predecessors struggled so many years to establish; the principles which we implicitly accept and hold inviolate, and the principles which have made our system able to modify the practice of a thoroughly established, dominant, intolerant and antagonistic school of medicine; have caused them to lessen the size of the dose, till, in many instances, the fraction of a drop or a grain is given; have caused them to adopt the triturations of crude substances with *saccharum lactis*; have caused them—largely at least—to discard medical compounds, and use but one or two medicines at a time; have caused them to use our remedies in an experimental way; have caused them to note more closely the effect of our medicines on the *well* as on the *sick*, and, finally having become convinced of their efficacy in healing the sick, they have adopted them in *their* materia medica. They have done all this by our direct example, they have done this in the name of science, and still they call us *quacks*.—[*Med. Counselor, March, 1880.*]

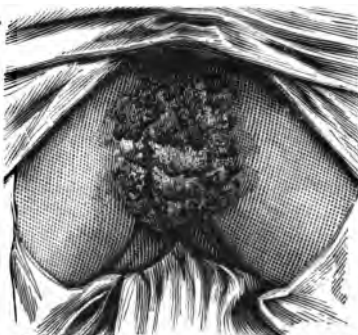
KANSAS STATE HOMŒOPATHIC MEDICAL SOCIETY met on the 5th inst. at Lawrence. About twenty-five members were present, representing the brains of our school in that wonderfully prosperous State, where all the Homœopathic doctors are busy, with room for 100 more. The Secretary, J. H. Moseley, will send a condensed report to the REVIEW for publication. We were there, representing our college, and wrote a letter which is crowded out for want of space. Delegates were appointed to the Missouri Institute, Hannibal, June 2d and 3d, Drs. J. Davis, Ottawa; R. Huson, Lawrence, and W. D. Gentry, Wyandotte. To the Western Academy, Minneapolis, June 9, 10 and 11, S. H. Anderson, Lawrence; T. J. Patchen, Leavenworth; G. S. Barrows, Seneca. To the American Institute, June 15, Milwaukee, G. H. T. Johnson, Atchison; V. W. Sunderlin, Ft. Scott, and W. D. Gentry, Wyandotte. To N. Y. State Homœopathic Society, H. W. Roby, Topeka; V. W. Sunderlin, Ft. Scott, and James Heacock, Parsons.

CLINICAL SURGERY.*Cauliflower of the Vulva.*

BY S. B. PARSONS, M. D.

The subject of the accompanying cut presented herself in December last for treatment, with the following history.

M. E., æt. 19, German, brunette, well built. One year ago first noticed small wart-like projections on the left labia at the junction of the skin with the mucous membrane, which soon began to ulcerate and then followed another crop of "*proud-flesh*," as she termed it. There was but slight pain, which changed to a burning sensation on rubbing the parts, and occasionally a sharp darting, not severe, would occur. Previous to this time she had suffered from leucorrhœa, to which she attributed the development of her present troubles. A close examination failed to bring out any indication of hereditary or acquired syphilitic taint, although she admitted having had intercourse, but no ulcers or sores on the genitalia were ever noticed until the beginning of her present difficulties, and long after the last coitus. Nor could I discover any trace of transmitted cancerous disposition. Her previous health was unmarked by ill health in any shape with the exception of menstrual irregularities and pains. But she now began to lose in weight and strength until work of all kinds was totally abandoned through the effects of the disease under which she labored.



The growth enlarged rapidly, involving more and more surface, and projecting downwards and forwards, and extending to the opposite side above and below, seriously impeding locomotion. It gave issue to a thin, ichorous, foul-smelling discharge, which excoriated the surrounding parts,

and appeared to prepare the way for a further extension of the disease. The pains grew worse proportionally with the increase of the tumor, with noticable nightly aggravations, that prevented the enjoyment of sleep, and rendering her life a most miserable existence.

The physician to whom she applied for treatment gave her only palliative relief by the administration of *mercury* and opiates, chiefly the latter, occasionally cutting off portions of the morbid mass "to stop its growing," as he said, which, instead of checking its growth, seemed to stimulate unusual activity in cell-proliferation, and a more rapid development of the whole tumor.

When she came under my care it measured 11 inches in its vertical, and 8 inches in its transverse diameter. Its color was bright red, with small grayish fibrous bands intersecting each other throughout its entire free surface, dividing it into a great number of distinct territories, with here and there ulcerated patches. The slightest touch caused pain as well as a ready flow of blood.

The largest part of the tumor was attached to the left side and extended over to meet that part growing from the right side, and completely hiding from view the vaginal fissure. On separating the mass it was seen to involve the clitoris and meatus urinarius in front, and posterior fourchette and perineum to the anal verge behind. Feeling that nothing less heroic than its total ablation by surgical means held out any promise of permanent relief, I so informed the patient and her friends, and after due preparation, an operation was performed in the following manner before the class:

The patient being anæsthetized, the tumor was grasped by vulsellum forceps and drawn well forward, whilst with the scalpel I made an oval incision embracing the entire mass, and carefully dissected it away from the surrounding parts, keeping my incisions well in sound and healthy tissue. The labia majora and minora, the clitoris and anterior portion of the urethra, a part of both lateral vaginal walls, and all the skin covering the perineum were cautiously taken away. The extent of abraded surface precluded the closing of it even by drawing skin and mucous membrane together, and consequently there was no alternative than to

let it heal by granulation. The hemorrhage was quite profuse, but torsion of the larger vessels and cold compresses applied to the smaller ones, soon checked all bleeding. The wound was dressed with tarred lint saturated in *Balsam of Peru*, over which was placed a split T bandage. The dressings were reapplied once daily, care being taken to bring the balsam in contact with all parts of the raw surface to prevent the occurrence of suppurative changes. From beginning to end there was no pus formation, and only a thin serous discharge, perfectly odorless. Granulation went on rapidly and uninterruptedly, and in three weeks the patient was moving about the house, and two weeks afterwards the parts were completely healed over. Thuja²⁰⁰ was given twice daily during the active treatment, but was changed for *nitric acid* ^{1,000}, which she still continues to take night and morning. Up to this time, April 10th, there has been no sign of returning disease.

TRANSFUSION IN ANÆMIA.

BY E. A. DE CAILHOL, M. D., ST. LOUIS, MO.

In the beginning of June, 1879, I was requested to visit Mrs. S., aged 28, mother of three well-formed and healthy children. I found her a blonde, with blue eyes, lying on a lounge, looking prostrated, emaciated and very pale—in fact, her appearance was that of a wax figure. Her pulse was very weak. She had no appetite, and no strength at all. She could hardly answer any questions, and neither she nor her husband could furnish me any explanation in regard to the probable cause or causes of her present condition. All her confinements had been normal, without any extra loss of blood, but since the last, two years and a half ago, she had been constantly sinking. She told me that she was disgusted with the doctors, tired of taking medicine, and despairing of her condition. She added, further, that she would be glad to die.

I promptly diagnosed a case of extreme anæmia, which diagnosis the microscopical examination of her blood fully

confirmed. I prescribed first a tonic of quinia, iron and strychnia, to see whether by it I should be able to raise her appetite. After the first dose, however, I saw that her stomach would not tolerate any medicine. We unfortunately sometimes meet with such desperate cases in our practice, and they are undoubtedly difficult to cure.

Having, in my last sojourn in France (1874), had occasion to witness many wonderful cures made by the transfusion of blood, after the process of Dr. Moncoq, the great French specialist in transfusion, I concluded this time to try that means of treatment, which was in this case not only perfectly indicated, but had every prospect of success. All organs were sound except the stomach, but on account of that circumstance I decided to improve a little upon Dr. Moncoq's *modus operandi*.

The patient's husband was a strong, stout man of thirty-five years, without any syphilitic or scrofulous taint—in fact, a perfect subject to furnish blood suitable for transfusion. With the consent of all the parties, on the 6th of June, assisted by my intimate friends, Drs. Legrand and Jera, of France, my guests at that time, I transfused only two ounces of non-defibrinated blood, taken from the basilic vein of the husband's right arm, into the patient's right arm, through the median basilic vein. My professional brethren will, I suppose, understand the choice of the arm, knowing that the right, on account of its development by work, has its veins more prominent, and, in an operation of this nature, little details are very important to secure success. As I expected, notwithstanding the small amount of blood transfused, the pulse was instantly raised, the patient felt warmer and more comfortable. I prescribed for the following day, rest and milk, *ad libitum*. But I concluded also, in order to hurry up the case, to resort to my favorite process of rebuilding a patient, a process that I have employed for the last twenty-one years, which is, when the patient's stomach is in a debilitated condition, and unable to retain and digest food, to employ rectal alimentation. As I have already said, I have extensively used that process, particularly in cases of the black vomit, of yellow fever, cancer of the stomach, etc., etc. In such cases I have injected into the rectum a very rich *bouillon*,

made with the best pieces of fresh beef, and pork pancreas, with sometimes an addition, according to circumstances, of a tablespoonful of French cognac (*spiritus vini Gallici*) or cod liver oil. In this case I injected every three hours, warm, two ounces defibrinated beef blood, and two ounces of the aforesaid *bouillon*. I had for this purpose all needed facilities, the family butcher killing his beeves not far from the patient's house.

Some of my readers may inquire why I *transfused non-defibrinated* human blood, and *injected defibrinated* animal blood. My answer is, that in the transfusion process, the assimilation is made at once, and the blood transfused *must not undergo any alteration*. According to Moncoq's numerous experiments, defibrinated blood loses by the removal of its fibrin the best part of its constituents, and is rendered not only less effective, but entirely unfit and even dangerous to the circulation. If the limits of this paper would admit, I would demonstrate that great truth by many remarkable illustrations.

The timid operator is impressed with the idea that the blood will, or may, coagulate during transfusion, and hence would result the stopping of the *hematophorus* (instrument for transfusion) or an embolus. No such a thing ever takes place, if the surgeon is careful and expert, has everything ready at hand, is well assisted, and a suitable hematophorus, properly handled and not overheated, as blood clots quicker by heat than by cold. The surgeon must always bear in mind that he has from three to four minutes before him to transfuse the blood before clotting will take place, and this short time is always amply sufficient to transfuse, even in the *mediate* transfusion process, two ounces of blood and even more. In regard to the injections of the defibrinated animal blood, it is a different thing. Here the blood taken at the slaughter-house would not keep twenty-four hours, hence defibrinization is indispensable; also, it is intended for food and not to go into the circulation.

In writing this article I write solely for the benefit of the profession of the United States, and I would be glad to see it reproduced by other medical journals, my only purpose being to correct some wrong ideas that are prevalent regarding the principal rules governing the operation of trans-

fusion; an operation which is, after all, not in the least dangerous, and very easy to perform when well understood. It has always been a rule with me not to criticize any of the surgeons of this glorious and hospitable land in their attempt to improve anything coming from the other side of the Atlantic. I know they are practical and progressive men, but I cannot help candidly stating that this operation of transfusion has either been misunderstood or not studied enough in the United States. It is, when properly performed, an operation from which an immense amount of good may be derived.

In 1874, when I first landed in St. Louis, I introduced here Dr. Moncoq's process of transfusion, by demonstrating it for the first time on the late lamented General Frank P. Blair, then crushed with hemiplegia. I transfused that patient twice, but, unfortunately, under the worst circumstances possible. In this case, 1st, his real condition (softening of the brain) was concealed from me, for its true nature, as I knew it afterwards, contra-indicated transfusion. 2d. I had to deal with his family physician, who objected to my plan of treatment, which was to first freely bleed the patient, in order to replace the affected blood withdrawn by healthy blood. However, in spite of all these disadvantages, I had the satisfaction of seeing Gen. Blair improve, and live six months. Since that time, I have known of many attempts at transfusion being made in the United States, but I am sorry to say that very few, *not to say none at all*, have been made properly, and that this is the reason why they have proven, in the majority of cases, unsuccessful. The operation has been performed when contra-indicated, or on the wrong place of the body, or with improper or imperfect instruments, or with defibrinated blood, or with woman's or animal's blood, or with milk, or after too much manipulation of the vein, or too quickly—all just so many causes of failure.

My estimable and intimate friend and colleague, Dr. Moncoq, in presenting me his remarkable work on transfusion, authorized me to translate it into English. This work is undoubtedly the most precise, clear and sensible ever written on this subject. All objections that might be raised by the timid operator are removed. All the indica-

tions are perfectly explained, with their rational reasons. Having always followed his rules, I have never met with any failure. At some future time, if my occupation will permit, I intend to translate this work for the benefit of the profession at large; but for the present, it must suffice that the blood to be transfused must be taken from a very healthy and very sound man, between twenty and forty years of age. None other must be used. The blood must not be defibrinated. It must be transfused slowly; not in a large stream or gush, lest the heart be taken by surprise.

It was really astonishing to see how rapidly under my treatment my patient, Mrs. S., improved. Of course, physiologically, in an anæmic human body, two ounces of rich, strong, healthy blood, produces the same effect, if I may be allowed the poor comparison, as seed planted in good soil, with this difference, that in the human body the multiplying process is incomparably more prompt and complete. On the 21st of June I transfused another ounce and a half of blood, which gave again a very encouraging result. Patient told me that it seemed to her that I gave her a new life. I then tried beef tea and milk diet combined. Sometimes, on account of the acidity of the stomach, I added to the milk a little lime water. Sometimes a few grains of Boudault's pepsin were given, to help digestion. The stomach then commenced to gain strength, but I still continued the beef, blood and bouillon injections through the rectum, though only every four or six hours. The nurse and husband were very much puzzled to see the patient's feces so natural, instead of blood-colored. An occasional microscopic examination of my patient's blood gave me the certainty of a constant increase of the red corpuscles, besides her general appearance showed that she was decidedly gaining strength.

On the 8th of July I transfused for the last time, but with some difficulty, owing to her marked improvement. *One ounce only* of the husband's blood was transfused. Two days after, her stomach was able to digest chicken, and gradually, with the help of pepsin for a while, she was able to eat more substantial food and drink French wine (*Port-deaux*). Of course, at that period I stopped the rectal injections.

It is to be remarked in this case, that I never gave her any iron preparation during the whole treatment, and I firmly believe that the cure is due to the four and a half ounces of healthy blood transfused.

On the 15th of August, Mrs. S. started for Europe, and when she returned, last November, I could hardly recognize her, so plump and rosy were her cheeks.—[*The Ohio Medical Recorder*, April, 1880.

2613 South Seventh Street.

HOW TO FEED FEVER-PATIENTS.

CH. GATCHELL, M.D., MILWAUKEE, WIS.

The old notion that one should “stuff a cold and starve a fever” has long since given way to the modified doctrine that both the cold and the fever should be well fed. It was the great Dr. Graves, of Dublin, who said that he desired no greater epitaph on his tombstone than simply this: “He fed fevers.” To the reform which he thus initiated we owe many lives, for no doubt, under the old method of keeping the patient on a low diet for fear of adding “fuel to the flames,” many poor victims were actually starved to death when recovery would have followed, had they been properly nourished.

But care and judgment in the management of the dietetics is as important as the medicinal treatment itself, and a certain plan must be observed. The instructions which follow, will apply to almost all the acute fevers. It is well to keep in mind a few general

RULES.

Give *no solid food* to a fever patient.

Let the food be *simple*, but *nutritious*.

Give food at *frequent intervals* and in *small quantities*.

Let a fever-patient have all the cold water he wants to drink.

Remember also that those fever-patients who have been judiciously nourished will make the best recoveries.

Solid food given during convalescence will often cause a relapse.

If the patient be properly nourished from the outset there will be little need of alcoholic stimulants.

If the patient's mouth be foul, the lips, teeth and tongue covered with "sordes," before giving food cleanse the mouth with cool water containing a little lemon-juice, using a swab or the corner of a napkin.

When a patient is weak and laying on his back, it is exceedingly tiresome for him to take food or drink a spoonful at a time; even this slight effort wearies him. At such a time none but liquid food should be given, and this through a bent glass tube.

Food for fever-patients should be *fluid in form, easy of digestion* and highly *nutritious*.

MILK.

No better form of food than this can be chosen if it agrees with the patient.

Give to the patient regularly every two hours a teacupful of milk. This may be fresh from the cow, or scalded, or ice-cold, to suit the fancy of the sick one. When but little food can be taken, it is a good plan to have a pitcher of iced-milk, and when the patient complains of thirst give this instead of water. The best way of administering it, is to let the patient draw it through a bent tube.

If the milk disagrees, or is thrown up curdled, a table-spoonful of lime-water to a cup of milk may prevent this.

BUTTERMILK

may be given instead of sweet milk. It is both refreshing and nutritious. It should be fresh, and, like the milk, given in small quantities, frequently repeated. Its tendency is to allay fever.

To some patients milk is repugnant. To others its continued use will render it so. Its use may then be varied by giving gruel.

The perfection of gruels should be, according to Mrs. Austen, "thin, but not too thin; thick, but not too thick."

For the first three days of the fever, if the patient receive oat-meal gruel the waste of tissue, which occurs during that time, will be fully met. The oatmeal, however, should be *thoroughly well boiled*. If it be underdone, more harm than good will follow.

OATMEAL GRUEL.

To two table-spoonfuls of oatmeal add two table-spoonfuls of water, and make a *smooth* paste. Stir this into a pint of *boiling* water, and boil for half an hour, stirring well. Add a little salt, and strain through muslin. If too thick, thin with a little milk.

Later in the course of the fever the patient requires food which is *stimulating* as well as nourishing. But unless the patient is in an asthenic, i. e., a weak and low condition, preparations containing alcohol should not be given. If, however, there is great prostration with weak and feeble circulation, alcohol is indicated.

BEEF-TEA.

This much-abused article will find its chief use in those weak conditions in which the patient needs stimulating. There is not much nourishment in it, but it seems to have remarkable power of sustaining life out of all proportion to the amount of solid matter which it contains.

If a patient has a continued fever, and it is known that beef-tea will be wanted from day to day, too much pains cannot be taken in its preparation. It is well to observe the following

RULES:

1. Never let beef-tea boil.
2. The finer the beef is cut the better.
3. Always begin with *cold* water.
4. Beef-tea that "jellies" when cold has not been properly made.
5. There should be no fat, gristle or bones adhering to the meat.
6. The proper proportion of beef and water are a pound to the pint.
7. After being made, carefully remove from the surface all traces of fat.
8. To "warm up" beef-tea, put it in a cup and set the cup in a vessel of boiling water.

To get *all* the virtue of the meat the following recipe is the best:

Take one pound of fresh meat, cut very fine, soak in one-third of a quart of cold water over night. In the morning

remove the meat, saving the water in which it has soaked. Put the meat into two-thirds of a quart of water and let it simmer for two hours, keeping the water up to its original level by replacing what is lost by evaporation. Now pour the beef-broth into the cold liquor in which the meat was soaked, squeezing the meat as dry as possible.

The meat which remains should be spread on a tin plate and slowly dried in an open oven. When perfectly dry it can easily be reduced to a powder in a mortar. Mix this meat-powder in the liquor and you have all the elements of the meat in a fluid form. Salt to taste and add twenty drops of *muriatic acid* and three grains of *pepsin*.

A simpler method, and one which will answer for all ordinary purposes, is the following:

Prepare a pound of beef in the usual manner and soak it in a pint of cold water for two hours. Now place the vessel containing the meat into a sauce-pan of water, and let the water in the latter boil for three hours (putting the meat and water into a stone bottle and this into a kettle of boiling water answers the same purpose). Replace water that is lost by evaporation. When done, strain and salt to taste.

WINE WHEY.

Put a quart of fresh milk into a sauce-pan and let it come to a boil; as soon as it reaches this point, add slowly a wine-glassful of sherry wine, skimming off the curd which rises, for about fifteen minutes. Add a table-spoonful more of wine, skim what curd remains and it is ready for use. Sweeten to taste, and season with nutmeg if allowable.

Whey is not very nourishing, but prepared in this way it is refreshing and stimulating.

EGG-NOGG.

One tumbler of milk.

One egg.

One dessert-spoonful brandy.

One dessert-spoonful sugar.

Carefully scald the milk and let it afterward become cold. Beat the sugar and egg together, up to a froth, put into a tumbler, add the brandy and fill up with the milk.

This is stimulating and nutritious.

After the stage of depression has passed, the stimulating food may be dropped and a return made to simple, nourishing, easily-digested articles. Food should be given yet with great care, especially in typhoid, and *nothing solid* should be swallowed by the patient. Give again meat broths, milk and the like.

MUTTON BROTH.

Take a pound of fresh mutton, free from fat; cut into thin slices with a sharp knife; put into a suitable dish, salt, pour over it a quart of *cold* water and let it *simmer* over a slow fire for an hour, then let it boil for an hour longer. Strain off the broth through a sieve, refusing the meat fibre. Season to taste.

BEEF BROTH

may be made according to this same recipe, taking a pound of beef free from fat—a piece of the neck or shoulder is best. These broths may be thickened with sago if preferred.

CHICKEN BROTH.

Take a tender chicken; remove the skin and all fat. Cut it in two longitudinally and remove the lungs which will be found attached to the back. Now cut these halves into small pieces, cutting through bones and flesh. Put these pieces into a suitable dish, salt, pour on a quart of cold water and *simmer* for an hour and a half, then set it on the hearth or back of the stove and keep up the heat for half an hour longer. Strain through a sieve or coarse towel to separate the broth from the bones and fibre. Season to taste. Thicken with a little flour or sago if desired.

This dietary is intended to apply to any of the essential as well as the symptomatic fevers. But some of these require special mention.

TYPHOID FEVER.

This fever is generally protracted and exhausting, and the diet needs careful attention, and especially when convalescence approaches and the appetite returns. Relapses are often brought on by some error in diet or over-indulgence. *No solid food* should be taken until health is *fully restored*. It must be remembered that the lining-membrane of the intestines has been ulcerated, and for some-

time after the patient is up it is in a very sensitive state, and extreme care must be observed lest the inflammation be again aroused. So simple a thing as eating too much boiled rice has brought on a fatal relapse. A diet consisting exclusively of milk may be depended upon in this fever.

TYPHUS FEVER.

In this fever there is great and rapid destruction of tissue, and it is highly important that this loss should be met from the first by very nutritious food given *regularly* and *persistently*. If the prostration is great, give beef-tea and egg-nogg. If swallowing becomes impossible life may still be supported by nutriment enemata.

SCARLET FEVER.

While the general dietary already given will apply to this fever, yet, since here is usually some inflammation of the stomach attending it, the food must be especially bland and unirritating. Only a small quantity should be given at a time, and this will be better borne if it is *cold*. Iced milk, iced barley-water and the like will agree better than warm food. A milk diet fulfils all indications in this fever, and is especially useful in that its tendency is to act as a diuretic, and thus keep the kidneys acting freely.—[*Med. Counselor, April, 1880.*]

FROM HOT SPRINGS.

LETTER FROM THE GREAT ARKANSAS HEALTH RESORT.

HOT SPRINGS, ARK., April, 1880.

The European may seek his German Spa, or Baden-Baden, or better still, the sunny skies and salubrious softness of Southern France, happy in the thought that an almost exhausted vitality may possibly be restored; whereas the American, confident of a specific for so many of the ills that flesh is heir to, resorts to his native *thermal* waters (from a trinity of Greek words signifying to make hot)—the famous Hot Springs of Arkansas. Truly nowhere else on the American continent can so many grand restoratives to health

and strength be commanded at the self-same time and place.

It is no idle story of the dreamer or the enthusiast that ascribes to these waters the most miraculous of cures, for their medicinal virtues, world-renowned, have been attested by physicians and scientists of every clime.

Nestling coyly, quaintly, in the narrowest of valleys, or defiles, formed by a division of the Ozark mountain range, the village or town of Hot Springs offers a pre-eminently practical picturesqueness, in addition to its health-giving attractions.

Tourists dwell enraptured upon the beauty of the scene, and weary seekers of health think their's a happy prerogative indeed to be thus permitted in the midst of a charming luxuriant exuberance of nature to seek and renew their wasted vitality.

The houses seem bent upon a pilgrimage up the mountain-side, and, as if for a moment only, aweary of their climb, pause and pose in peculiar picturesqueness. The mountain stream comes plashing and purling down through the very heart of the town, and the different springs so varied in their properties—the guide-books will tell you all about them—spring out of the mountain-side here, there, almost everywhere. The larger bath-houses occupying positions over some of the most important springs. Fringing the mountain-tops are forest growths that seem peering into the blue beyond. Watching a wave of shadow and then a burst of brightness creeping over the mountain-sides, we have more than once recalled a pen-picture, painted by Dickens in one of his happiest moods: "There's a great blackness settled upon the face, as if the sun had died away from the heavens altogether, till when he comes around the corner o' the mountain, a glorious procession o' sunbeams and colors, takes its course across the whole length o' the sides, and all the hills give out a kind o' glow, and at last they seem on fire, and you can hardly look for the brightness."

And the nationalities represented are so varied and striking, ranging from the olive-brown Mexicano, with his shawl and sombrero, to the polished thoroughbred habitue of the American or European metropolis.

Here, indeed, the extremes of society meet, and the daily pictures presented are a truly cosmopolitan milange.

But better than all the beauty nature lavishes, is the diviner alembic of health, here so surely to be found with proper, consistent wooing, and not for a season only but throughout the year, the worship of Hygeia goes continuously on; and this daughter of Æsculapius vouchsafes to her devotees the boon, the blessing beatific of health. Freedom from many of the vapid sensationalisms of most modern watering places is one of the peculiar charms of Hot Springs, and constant indulgence in a frivolous round of gaiety is not a *sine qua non* of even the most ultra fashionable existence. Pensive valetudinarianism may don its hat and cloak for the quietest of strolls in suburban retreats, or, more ambitious still, seek the country's glorious beauty on the back of some mettlesome charger. One may enjoy one's self *ad lib*, nor pride nor gossip blab.

It is unnecessary to enumerate the scientific quality and character of the different springs. Scientists have done the tale over and over again, and in more than one quantitative analysis made us familiar with their chemical properties.

But we would that we could to-day paint a picture so impressive that all suffering humanity, seeing might believe, and rush to this modern Bethesda for healing.

Hot Springs is easily accessible from all points north and south, via the St. Louis, Iron Mountain and Southern Railroad. This road connecting with the Hot Springs Narrow Gauge, at Malvern, a point some twenty-five miles distant from Hot Springs. We found on the St. Louis and Iron Mountain Railway the most commodious and comfortable of day coaches, and truly luxurious palace cars, leaving nothing to be desired in the way of comfortable transportation for the suffering public.

And we would, at the very last, whisper once more to the sick, suffering or ennuied to go for a month or two to Hot Springs and try the virtue of its famous thermal waters.

BOHEMIENNE.

SCARLET FEVER.

BY F. L. DAVIS, M. D., EVANSVILLE, IND.

We have had a very severe epidemic of scarlet fever in Evansville, during the year 1879. The city schools had to be closed by order of the Board of Health, for a portion of the time of its prevalence, and no child a member of a family in which a case of the disease occurred, was permitted to attend the public schools for fifteen days after the recovery or death of the patient.

Homœopathic treatment here as elsewhere proved its superiority in the treatment and management of persons attacked with this disease, and this resulted in making converts even among its most bitter opponents.

The prompt remedies used here by the physicians of our school were Bell. and Merc. proto-iodide during the first and second stages of the disease, and often during its whole course.

These controlled the disease and at the same time prevented swelling of the glands, as well as the other symptoms indicating throat disease.

Whenever there were any symptoms of disturbance in the kidneys indicated by albumen or dropsical effusion, with or without rheumatic pains, Apis and Arsenicum sufficed to remove the symptoms quickly.

Lachesis also was used with very happy results when the skin presented a remarkably rough and raspy appearance.

When diphtheritic complications occurred, they were soon overcome by a few drops of Merc. cyan.

Our opponents were surprised at the remarkable success and small death-rate that attended the Homœopathic treatment during the fearful epidemic through which we have passed.—*Am. Homœopath, March, 1880.*

CLINICAL CASES.

Read by T. J. Patchen, M. D., Leavenworth, Kansas, at Lawrence, May 6th, 1880, at the meeting of the Kansas State Homœopathic Medical Society.

MR. PRESIDENT:—Not having been a member of your Society I could not belong to any of its bureaux, yet I feel it to be the duty of every physician, whether he is appointed on one of the bureaux or not, to contribute something for the advancement of our cause whenever and wherever it is possible for him to do so. Consequently I have sketched a case or two of clinics that perhaps may be of interest to the members of this Society.

Case 1. Mrs. F., aged about 35, was about to be confined with her fifth child. She being robust and healthy, no one would be looking for anything to guard against. But when I was called for an engagement, she informed me that every other child she had had come alternate, head and foot, and the one she was about to have would be the feet, and wished me to be ready for any emergency, for it was with difficulty that the footlings were saved, therefore she wished me to take every precaution to save the child's life if it should come feet first. Well, the labor finally came on, and to her joy it was a head presentation.

Her labor was natural, of about three hours duration, and she was delivered of a fine plump baby. During her labor I discovered there was no membrane in front of the child's head, neither was there any fluid or moisture, except the mucus from the vaginal walls, but as labor progressed all right, I thought the sack had broken and the waters had passed off before I came.

After removing the child I proceeded to remove the after-birth, which came in five or ten minutes without a teaspoonful of the amniotic fluid or blood. All was dry. Then I began to make some inquiries of the mother and nurse to find if there had been any breaking of the sack allowing the escape of the waters. They said there had been none whatever. Well, that was a poser, and how to account for it was impossible.

The womb contracted rapidly and heathfully for all I could see, with a discharge of a heathful lochia.

In three days her milk came in abundance without much fever, which passed off in a few hours, and she continued to gain each day nicely, and began to be bolstered up in bed. Appetite good, bowels all right, and I was about to dismiss my patient well.

Now comes another freak. On the seventh day her water broke with the proper color and odor of a healthy lochia, with the ordinary quantity, and she went on through her second cleansing in an ordinary and natural way, running through another week, at which time she convalesced and has been in good health ever since, now six months. You will see by this case there are four points of interest in it.

1. The alternate presentation of head and feet.
2. The entire absence of any fluid during and after labor.
3. Where was the fluid during the six days that it was retained, for during that time the womb was reduced, to all appearance, to its normal size and feeling?
4. How could the child get out of the membrane without having the fluids escape?

It would give me pleasure to have this case discussed to its fullest length, for after thirty-five years' practice I find no parallel case.

Case 2.—Mr. H. age 60, light hair, rather sandy, light thin skin, nervous, blue eyes, was taken with chills, bones aching, cough, pain in side, etc. As chills and fever are quite prevalent, the family thought he was going to have ague; but the second day he was no better and the third day being still worse, they sent for me. I found him with high fever, difficulty of breathing, pain in the left lung, cough, with expectoration of colored mucus, so I thought I had a clear case of pneumonia and expressed the same to the family, and told them to have no fear as he would be well again in about eight or ten days. Went in the next morning and he appeared to be doing well; also at evening the same. On the next morning the whole thing had changed—cough had disappeared, pain in side gone, no difficulty of breathing, pulse 120, tongue dry and red, with delirium—in a word, all the symptoms of a low grade of typhoid fever. Then I told the family that I did not know when he would

get well, perhaps never; but put him under treatment for his condition, which I seem to hold for about forty-eight hours, when a severe hiccough set in which complicated the case still more. This hiccough and fever continued for over two weeks—first the cough was single, then double, then thrible—night and day, in spite of all I could do, either palliative or curative. Of course, I could give but little encouragement to the family. He would once in a while get a little sleep under the influence of ether, applied over the pit of the stomach or at the mouth.

After continuing in this condition for two weeks, it began to let up a little. He would get a little sleep when the hiccough would cease for a while.

From this time on he steadily gained for eight or ten days, when I thought him out of danger. Appetite improving, no cough, slept quite well, when one morning to our surprise an abscess broke, discharging over a pint of pus through the mouth from the left lung, which continued to discharge large quantities daily for about eight days, reducing him again very low. So much pus in the mouth most of the time reduced his appetite very much, but the discharge began to lessen, and I began to be a little more hopeful.

On the ninth or tenth day another abscess broke, discharging quite as much as the first. Now, apparently, all hope of his recovery was gone. But I continued my care and treatment, using alcohol in some form as food, as he could receive but little of anything else.

The discharge of pus continued more or less for six or eight weeks; his appetite began to improve as the pus began to be less.

From this time he continued to gain slowly, so that in just thirteen weeks from the time he was taken sick, he began to sit up.

The cavities healed up kindly, and in two or three months more, he seemed perfectly well, and has remained so ever since, now over a year.

In this case as well as the other, there are some remarkable changes.

1. The change from what appeared to be a well marked inflammation of the lungs to a low form of typhoid fever, without lung irritation, to me is not very common.

If the change had been from pneumonia to typhoid pneumonia, I should not have been surprised.

Perhaps the severe and continued hiccough was a cover to the pathological changes that were going on in the lungs, for the spasms were so severe that the changes going on were not discovered either by auscultation or percussion.

Where were the abscesses located (for evidently there were two), that they would heal up so kindly and perfectly as not to leave a trace of their former destruction, either by percussion, auscultation or impairment of health.

During the fever stages with the hiccough, *Bryonia Rhus*, *toæ Baptisia* and *Arsenicum* were the remedies best adapted to the case according to the symptoms.

As a palliative for the hiccough I found *ether* to be the best, either applied over the stomach or taken into the stomach. Dose a half spoonful.

After the abscesses broke, *Silicea* was the remedy *par excellence*. I gave the 8th, 30th and 200th. I found it necessary to give the remedy often, every three hours, or he would lose time in gaining.

MEDICAL SOCIETY DISCUSSIONS.

MARCH 22, 1880,

Dr. Comstock read a paper on Laceration of the Cervix Uteri, after which remarks ensued as follows:

DR. COLLISSON: Dr. Comstock recommends the knee-elbow position for the operation. Many ladies are so timid that they would not think of submitting to the operation without chloroform. Can that be given with the patient in the knee-elbow position, or can the operation be as readily performed with the patient on her back?

DR. COMSTOCK: It would probably be better to place the patient on her side if chloroform were to be given, though I think a little might be given with the patient in the knee-elbow position.

DR. PEARMAN: I think that the percentage of cases of women with lacerated cervix, referred to by Dr. Comstock, is pretty high, especially, if they were all lacerations of considerable extent.

DR. COMSTOCK: The laceration was variable in extent, but sufficient to interfere materially with the process of involution.

DR. PEARMAN: I think cotton is better than marine lint in cases where there is no erosion, and where considerable depletion is required.

DR. CAMPBELL: This is a subject to which I have given but little attention, but, if laceration is present in anything like 40 per cent. of the cases of chronic female diseases in gynecological practice, it seems to me that something might be done to prevent the accident or to produce union of the lips of the fissures immediately after its occurrence.

DR. COMSTOCK: It is now considered a physician's duty in every case of labor to examine the perineum, and operate upon it at once if lacerated. Dr. Goodell says he should do the same with the cervix uteri, but it is a matter of much greater difficulty to sew up the cervix just after the completion of a labor, than it is to sew up the perineum, and I am not decided concerning it.

DR. SCOTT—Question to Dr Comstock: Do you think it would be safe for a woman that had undergone the operation for a lacerated cervix, to become pregnant again? I ask, because the woman upon whom you operated at the hospital a short time ago, came to me and asked the question, saying that she thought of marrying?

DR. COMSTOCK: Yes, I think it would be safe, but I would recommend her *to wait longer than four weeks.*

I expected to hear some views expressed in the Society in opposition to these I have offered. There has been something of the kind in most societies when they had been presented.

DR. COLLISON: I have seen Dr. Comstock operate several times so successfully. that I am in no mood to dispute his views. I have two or three cases on hand now, which I think nothing but an operation will cure. I help them along pretty well at times with local and general treatment, but they will relapse. But I must say that I do not believe 40 per cent. of the complaints in married women are due to laceration of the cervix. I think there are a good many cases of prolapsus, version, leucorrhœa, etc., to one of laceration.

I should not think it advisable to operate immediately

after labor, because the woman is exhausted at that time, and several assistants and thorough preparation are not to be had, but the operation properly performed and at the right time, is a grand thing.

DR. PARSONS: Every few years we have some grand new thing, especially in gynæcological practice, which has a run for a while, but is soon found out to be a failure, and I think this operation is one of them. It is popular at present, but it will soon be found out that the women who have been operated upon will have their old complaints, and that laceration of the cervix was not the key to all female diseases.

The fissure is not a hare-lip, because it is of traumatic origin, while hare-lip is congenital—due to incomplete development. I do not believe the accident is of so frequent occurrence as it is stated to be. I have never seen but two cases in my experience. I have been on the watch to see if epithelioma was caused by a lacerated cervix, but unmarried and childless women have epithelioma of the cervix. I am satisfied that no person will have cancer of any variety unless the seed is in his system.

This operation may relieve for a time, but I think it will appear that it is only palliative. One of the first and most zealous advocates, Dr. Pallen, a few years ago, made thirty-six sections of the cervix for the cure of sterility, and thereby made himself the laughing stock of the profession. Now he is off in another direction.

The other day a lady came to me, saying that a certain doctor told her she had laceration of the cervix, and nothing but an operation would cure her. I examined her and there was nothing of the kind. That other doctor is in the operating business.

There is another question: Do all the symptoms of a patient having laceration, depend upon that for a cause? I do not believe it. There may be ovarian irritations, sub-involution, and many other causes for symptoms manifested.

In some cases of laceration there is no erosion nor tenderness of the lips of the fissure or adjacent parts. Should such patients be compelled to submit to an operation? In answer to the question, can the woman bear children after

the operation, with safety? I think she can. Cicatrices disappear much more rapidly and surely from the sexual organs than from some other parts of the body, especially the face, which for some reason seems more susceptible and retentive of them.

As to the operation, I am not opposed to it, where it is certain that it is the cause of disease, but I am opposed to the plan of operating upon every woman who is sick.

DR. EDMUNDS: Is ectropion present in all cases requiring operation?

DR. COMSTOCK: It is.

DR. EDMUNDS: In my experience, cases have not been anything like so frequent as referred to by Dr. Comstock. I may have been wanting in intelligence or mistaken in examinations, but I tried not to be. I must say that I was surprised at the statistics given by Dr. Comstock. I think sexual excess and subsequent pregnancies will cause recurrence of the troubles of some of the women who have been operated upon. I do not understand how it will relieve the subinvolution.

I think operation immediately after labor would multiply the chances of peritonitis, etc., and would be very injudicious. It is a good plan to go slow with novelties.

DR. COMSTOCK: No one has called the fissure, hare-lip, but Pallen, and he did so from the striking resemblance rather than its mode of origin. I think it is a great factor in epithelioma. I have seen four cases so cured in as many years. I doubt if any doctor will see in a life-time more than one case of epithelioma of the cervix in a woman who has never been pregnant. Involution does occur after operation. It is probably caused by the support arising from closure of the everted cervix.

DR. CAMPBELL: Does Dr. Parsons consider epithelioma hereditary?

DR. PARSONS: I take the ground that all cancers are hereditary.

DR. COMSTOCK: If the operation for laceration prevents the growth of cancer, it is an important thing in its favor. Ideas about cancer are rather vague, and those of to-day are different from those held a few years ago. Mr. Wiggins died of a cancer on his nose, supposed to have been caused by his spectacles.

DR. PARSONS: In that case an ulcer formed that could not be healed, which fact proved that there was something behind the irritation from the spectacles.

DR. COMSTOCK: Epithelioma is apt to be aggravated by abortions. They occurred in the four cases I have mentioned.

DR. CAMPBELL: I do not think there is any positive proof that epithelioma is hereditary. It contains no destructive cancer cell, and indeed there is none. One day I asked a man who is second to none as authority upon these matters, if he could tell positively whether any certain cells placed under the microscope were cancer cells or not, and he said he could not; he must have the history of the case to help him in his decision. I have twenty-five preparations of cancers, which I showed to Dr. Fraley, an eminent microscopist of London, and asked him if they contained cancer cells. He could not decide. There is much vagueness and doubt concerning the subject of cancers.

DR. PARSONS: I did not take the ground that destructive cancer cells were to be found, but that cancer was hereditary.

DR. COMSTOCK: I would like to make one remark regarding the existence of epithelioma of the os and cervix in the unmarried. I do not deny the occurrence of such a thing, as I have seen a number of instances of it in my experience, but in all the above cases, except one, the women, although unmarried, had either borne children or suffered from a miscarriage. In the exceptional case, I had a good reason to believe that the uterus had been impregnated. Let me assure you, gentlemen, if you ever have a case of cancer of the uterus, in a supposed virgin, you may cherish a very rational suspicion, founded upon clinical experience, and and in accord with the most recent advances in pathology, that your patient has, some time in her life, been clandestinely impregnated.

HOMŒOPATHIC GAZETTEER FOR 1880, by Eugene A. Guilbert, is just out. It contains the names and addresses of all the Homœopathic physicians in ten Western and Southern States (983 names), all correct to date and reliable. Price 50 cents. Send to 209 N. Fourth street, St. Louis, Mo.

CORRESPONDENCE.

INDIANAPOLIS, IND., May 1, 1880.

TO THE HOOSIER BRETHREN :

The 14th Annual Session of the Indiana Institute of Homœopathy, will be held at Indianapolis, May 25th and 26th, 1880. The disciples of Hahnemann in Indiana are urged to be present at this meeting.

This institute is already the leading State medical organization in the West. Business of great importance will be transacted.

The next legislature of Indiana will undoubtedly pass a medical bill of some kind, and unless the homœopathists throughout the State carefully guard their interests, their rights as medical men will be encroached upon. An effort is being made to have every energetic homœopathist in the State become a member of the institute. By thus uniting in thorough organization, we shall present the most formidable array against "old school" tyranny. The so-called "regulars" of Indiana entertain the most bitter hatred against homœopathy and those who practice it. We must force them to understand that we are both educated and skillful in our profession. We must teach the public generally "the better way." No physician in Indiana who has any love for the cause will fail to do something to make this meeting a success. Do not fear that your practice will suffer if you leave it for a few days. Shut up your office and put on the door "Gone to Indianapolis to attend the 14th Annual Session of the Indiana Institute of Homœopathy."

Come prepared to read a paper on some medical subject or report one or more cases from practice. You will be well paid for your time and trouble.

Please send to the undersigned without delay the subject of your paper for the coming meeting.

Information in regard to reduced railroad and hotel rates may be had by addressing C. T. Corliss, M. D., Indianapolis, Ind., Chairman of the Committee of Arrangements.

The following gentlemen are Chairmen of the Bureaux:

Surgery—C. S. Fahnestock, M. D., La Porte, Ind.

Ophthalmology and Otology—M. T. Runnels, M. D., Indianapolis, Ind.

Epidemics—W. H. Taylor, M. D., Crawfordsville, Ind.

Sanitary Science and Climatology—G. W. Bowen, M. D.,
Fort Wayne, Ind.

Gynæcology—O. S. Runnels, M. D., Indianapolis, Ind.

Obstetrics—C. T. Corliss, M. D., Indianapolis, Ind.

Materia Medica—W. P. Armstrong, M. D., Lafayette,
Ind.

Clinical and Psychological Medicine—O. P. Baer, M. D.,
Richmond, Ind.

Diseases of Children—A. C. Jones, M. D., Muncie, Ind.

Microscopy—J. R. Haynes, M. D., Indianapolis, Ind.

You are earnestly requested to *be on hand early and remain till all the exercises are through*, so as to avoid confusion.

Faternally,

M. T. RUNNELS, *Secretary*.

UNIVERSITY OF MICHIGAN, }
April 28, 1880. }

PROF. P. G. VALENTINE, M. D., EDITOR.

DEAR DOCTOR :—For the sake of the Missouri College and my previous relations to it, will you please make public the facts in the case of the graduation of Dr. Samuel Potter, and thus determine the questions in controversy touching my connection with that college and its graduate, Dr. Potter.

Dr. P. matriculated for the session of 1877-78, and paid his fees for the entire lecture course. When the class graduated, if you recollect the circumstance, he was ill in his bed, having been poisoned by an overdose of medicine, taken while proving drugs. At this time he was making arrangements to leave here to go to Egypt in the service of the government of that country, and having presented satisfactory evidence of his having attended lectures at different times and places, fully equal to two full courses, and of having served during the war in the Medical Department of the army, and of a pupillage extending over several years with renowned surgeons of the old world, his claims were submitted to the faculty of the Homœopathic Medical College of Missouri, who granted him a special examination. This took place on the 25th, 26th and 27th of April, 1878, and was eminently satisfactory, as we all expressed ourselves at the faculty meeting held for the purpose of balloting for his degree. I can

say for my own part, that Dr. Potter passed a most excellent examination in anatomy and surgery, and if my memory serves me, all the faculty were abundantly satisfied of his entire competency to receive the diploma of our school, and so voted.

These are the facts in this case which has achieved so much notoriety of late, and if you find them in consonance with your own understanding and that of others, will you so testify to them, that this question of his graduation, and the innuendos that I am charged with of late in the "American Observer" in connection therewith, shall be forever silenced,

And oblige, yours truly,

E. C. FRANKLIN.

St. Louis, May 15, 1880.

The above statements of Prof. Franklin, relating to the graduation of Dr. Samuel Potter, of Milwaukee, Wis., are true.

PHILO G. VALENTINE, Registrar,

Hom. Med. College of Mo.

Books and Pamphlets Received.

PRICE CURRENT. Otis Clapp & Son, Boston and Providence. This is a finely illustrated and beautifully bound catalogue of books and medical merchandise, sold by the New England Homœopathic Pharmacy.

CATALOGUE AND PHYSICIANS' PRICE LIST, of Medical Merchandise. For sale by Lewis Sherman, A. M., M. D., Manufacturing Chemist, Importer and wholesale dealer. Milwaukee, Wisconsin. Sherman keeps everything wanted by Doctors, and that of the very best quality.

A CATALOGUE OF MEDICAL BOOKS AND MERCHANDISE, homœopathic medicines, surgical instruments and all physicians' supplies. For sale by Duncan Brothers, Chicago, Ill. A little pamphlet of 54 pages printed on pink paper, and bound in green.

BOSTON UNIVERSITY YEAR BOOK. Edited by the University Council. Vol. VII. This contains a great amount of valuable information concerning the past year's work of this University in all its departments. We especially beg to call attention to the scholarly and suggestive essay it contains, by President Warren, on "Hopeful Symptoms in Medical Education."

ODOFORM (C₂ H I₃). An important Therapeutic Agent, 2d Edition, 1880. Recommended for Scrofula, Anæmia, Neuralgia, Chlorosis and Rheumatism. Prepared by the great house of W. R. Warner & Co., Philadelphia. Pamphlet written by Stiles Kennedy, M. D.

THE FAMILY MEDICAL ABSTRACT. A common sense journal for home

reading. A. F. McKay, M. D., Editor, Tidioute, Pa. \$1.50 per year.

THE INDEPENDENT MEDICAL INVESTIGATOR. A monthly journal of progressive medicine. Greenfield, Ind. 50 cents per annum.

REST IN NERVOUS DISEASES. By N. A. Pennoyer, M. D., Kenosha, Wis. (Read before the joint convention of the Western Academy of Homœopathy and Missouri Institute of Homœopathy, St. Louis, May 7, 8 and 9, 1879.) Reprint from the U. S. Investigator, 1880. Duncan Brothers, Publishers.

PART 2D, DISEASES OF THE BRAIN and Nervous System. Spinal Irritation, Chorea, Glosso-Labio-Laryngeal-Paralysis, Facial Paralysis, Writer's Spasm, their diagnosis and treatment. By J. Martine Kershaw, M. D., Professor of Brain, Spinal and Nervous Diseases, in Hom. Med. College of Missouri, etc., etc. Duncan Brothers, Chicago, Ill. Pp. 130, 8vo. This is written in Prof. Kershaw's best style. He draws largely from all the literature extant on the subjects here elucidated, describes the maladies in hand well, and applies the Homœopathic treatment with great precision. He devotes his life to this specialty, and when his VIII parts are all done, together they will make a great and handsome volume. The printer has made some errors in the page headlines, which mar the appearance of this part materially. 50 cents each part.

HALE ON DISEASES OF WOMEN, REVIEWED.

Over two months ago the second edition of this volume, of over three hundred and seventy pages, was handed me by the editor of the CLINTON REVIEW, with a request to write up a review of it.

Since receiving the book my time has been so occupied that I have not felt I could do justice to it, and even now I can only speak of it in terms of general commendation instead of particularizing the many points of especial merit with which it abounds.

The first fifty pages are devoted to an introduction, in which the subject of ovulation and menstruation are discussed, and great credence is given to the theories of Dr. Jackson.

If there is any weak place in the entire work it is in this introduction. Hale is a thoroughly practical man, and we can pardon his theorizing in this instance because it is borrowed.

The first part of the book, proper, is devoted to what the author terms "Sterility," but what is in reality a very complete and concise treatise on diseases of women. Our author has very sensibly divested himself of all notions of prudery, that in some instances lurk about professional authorities, and has gone directly into the most brief and practical discussion of his subjects.

All the latest and most approved instrumental and local methods of treatment are given, and this, too, without neglecting the curative powers of the Homœopathic *Materia Medica*.

The Homœopathic profession are beginning to find through the people, voiced in public opinion, as well as in fact, that the successful gynæcologist, as well as the specialists in eye and throat diseases, must avail himself of the well-proven local methods of treatment.

The second part is devoted to dystocia and is replete with good items especial stress being put, as might be expected, on the virtues of *new remedies*.

In conclusion, I would suggest to Dr. Hale that, in event of another edition, it might be well to incorporate what he has formerly published on abortion.

WM. C. RICHARDSON.

Editor's Drawer.

THE time of meeting of the Missouri Institute has been changed to Wednesday and Thursday, June 2d and 3d.

A public address will be delivered by Prof. Philo G. Valentine, A. M., M. D., of St. Louis, in the Congregational Church, on Wednesday evening at 8 o'clock. Subject: "Popular Errors Touching Homœopathy."

Efforts to secure reduced railroad rates are progressing.

Hannibal, Mo., May 16, 1880.

WM. D. FOSTER,
Secretary.

CHANGE OF DATE.—The Western Academy of Homœopathy will meet Wednesday, Thursday and Friday, June 9th, 10th and 11th instead of 1st, 2d and 3d, as announced, to enable delegates to attend the American Institute as well, which meets June 15th.

C. H. GOODMAN, M. D.
General Secretary, 2619 Pine St., St. Louis.

TO THE ALUMNI ASSOCIATION OF THE HOMŒOPATHIC MEDICAL COLLEGE OF MO.—The undersigned, your committee, to whom was assigned the duty of drafting suitable resolutions on the death of our late colleague and fellow alumnus, Solon C. Grant, submit the following:

Resolved, That in the death of S. C. Grant, M. D., this association loses one of its warmest friends and supporters, one that, although not permitted to practice the art he loved so well, was, nevertheless, always ready and willing to do all in his power to promote its welfare.

Resolved, That a copy of these resolutions be furnished the family of the deceased, and that they be spread upon the minutes of the Association.

WM. C. RICHARDSON, M. D.
J. A. CAMPBELL, M. D.
A. S. EVERETT, M. D.
Committee.

LONDON, ENGLAND,
January, 1880.

To the Editor of the "St. Louis Clinical Review: "

DEAR COLLEAGUE.—At the close of the "World's Homœopathic Convention" which met in Philadelphia in 1876, it was determined to hold a similar meeting every five years in some principal city of Europe or America; and a general wish was expressed that the seat of the next gathering might be London.

On this determination and desire being communicated to the Congress of British Homœopathic Practitioners, meeting in Bristol, in September, 1876, it was unanimously resolved that such a convention should be held in London in 1881, and that the Congress would undertake the arrangements necessary for the purpose. A committee, consisting of the undersigned, was thereupon appointed to draw up a plan of proceeding; and its report, which is herein enclosed, was accepted at the Congress of 1877, and the committee re-appointed, with instructions to obtain adhesions and contributions.

The latter, viz., reports of progress and papers to be discussed at

the meetings, we are soliciting from individual physicians practicing homœopathically throughout the world. But we now request your good offices towards interesting the readers of your journal in our proposed gathering, by bringing the subject before them, and also towards making it known to the Homœopathists of your state in such way as you may think best.

The exact time and place of meeting, with the office-bearers, etc., will be finally decided at the Congress we shall hold in September, 1880, and information thereof will be duly forwarded to you, and published in all British homœopathic journals.

Hoping to hear from you ere long, and to find your services enlisted in the cause, we remain very faithfully yours,

R. E. DUDGEON, *Chairman*,
W. BAYES,
A. CLIFTON,
A. C. POPE,
R. HUGHES, *Secretary*.

All communications to be addressed to the secretary, Dr. Hughes, Brighton, England.

MORE DOCTORS IN ST. LOUIS.—Clara Sauter, Henry J. Dionysius, Chas. W. Taylor, Chas. W. Kelly and Wm. A. Forster, the later with Surgeon Parsons. These make 65 for St. Louis with room for a dozen more.

OUR COLLEGE DISPENSARY attends to as many patients daily as does the City Dispensary. It is immensely gratifying to see the crowds of poor turning to us for medical and surgical relief. Our specialists are especially elated at the abundance of the raw material to illustrate before the Class every phase of the most complicated ailments.

THE sixteenth annual meeting of the Homœopathic Medical Society, of the State of Wisconsin, will be held at the Newhall House, Milwaukee, on Monday, June 14th, 1880.

L. A. BISHOP, M. D., President.
LEWIS SHERMAN, M. D. Vice-President.
EUGENE F. STORKE, M. D., Milwaukee, Secretary.

DR. JOHN H. MOSELEY, of Olathe, Kansas, has been appointed county physician of Johnson county, Kansas. Score another for Moseley. He is one of our college alumni.

THE MISSOURI INSTITUTE OF HOMŒOPATHY.—The fifth annual meeting will be held in the Congregational Church, Hannibal, Wednesday and Thursday, June 2d and 3d, commencing at 10 o'clock a. m. The Planters' House will entertain members of the Institute and their families, at \$1 50 per day.

OFFICERS OF THE INSTITUTE.—W. L. Hedges, M. D., Warrensburg, President; D. T. Abell, M. D., Sedalia, Vice-President; Wm. D. Foster, M. D., Hannibal, Secretary; D. D. Miles, M. D., Boonville, Treasurer, W. John Harris, M. D., St. Louis, Provisional Secretary.

ORDER OF BUSINESS.

FIRST DAY—MORNING SESSION.

1. The Institute will be called to order by the President, W. L. Hedges, M. D., of Warrensburg.
2. Appointment of Committees on Auditing and Credentials.

3. Reading minutes of last meeting.
4. Partial report Board of Censors: Chas. J. Burger, M. D., Wm. D. Foster, M. D., J. A. Campbell, M. D.
5. Report of Committee on Credentials.
6. Report of Treasurer and Auditing Committee.
7. Report of Special Committee on Certificate of Membership and Seal: P. G. Valentine, M. D., St. Louis, Com.
8. Report of Delegates to Foreign Societies: Am. Inst., Campbell, St. Louis; Western Academy, Parsons, St. Louis.
9. Report of Committee on Necrology: W. C. Richardson, M. D., St. Louis, Com.
10. Report of Bureau on Climatology and Prevailing Diseases: D. D. Miles, M. D., Ch'n.
11. Miscellaneous Business.

AFTERNOON SESSION—2 P. M.

1. Report of Bureau on Materia Medica: L. E. Whitney, M. D., Carthage, Chairman; A. Uhlemeyer, St. Louis; D. T. Abell, M. D., Sedalia; P. Baker, Kansas City; S. G. Merrill, Moberly.
2. Report of Bureau on Clinical Medicine: J. Martine Kershaw, M. D., St. Louis, Chairman.
3. Report of Bureau on Legislation, Education and Statistics: D. T. Abell, M. D., Sedalia, Chairman; C. J. Burger, M. D., Boonville; W. G. Hall, M. D., St. Joseph; J. C. Cummings, M. D., St. Louis.
4. Miscellaneous Business.

EVENING SESSION—8 P. M.

A public Address will be delivered by Prof. Philo G. Valentine, of St. Louis, at 8 o'clock p. m., in the Congregational Church.

SECOND DAY—MORNING SESSION—9 A. M.

1. Appointment of Committee on President's Address.
2. Further report of Board of Censors.
3. Appointment of Delegates to Foreign Societies.
4. Report of Bureau on Ophthalmology and Otology: J. A. Campbell, M. D., St. Louis, Chairman.
5. Report of Bureau on Surgery: A. S. Everett, M. D., Denver, Chairman; S. B. Parsons, St. Louis; W. D. Foster, M. D., Hannibal; Wm. B. Morgan, M. D., St. Louis; W. H. Jenney, M. D., Kansas City.
6. Report of Committee on President's Address.
7. Report of Bureau on Obstetrics: W. L. Hedges, M. D., Warrensburg, Chairman; S. Josie Johnson, M. D., St. Louis; W. C. Richardson, M. D., St. Louis; D. D. Miles, M. D., Boonville.
8. Miscellaneous Business.

AFTERNOON SESSION—2 P. M.

1. Final Report of Board of Censors.
2. Final reports of Bureaux.
3. Appointment of Bureaux by the President.
4. Election of officers.

5. Determination of Time and Place of next Meeting.
6. Miscellaneous Business, Resolutions, etc. etc.
7. Adjournment.

MINNEAPOLIS, MINN., April 20, 1880.

DEAR DOCTOR:—The Annual Meeting of the Western Academy of Homœopathy, and the Minnesota State Homœopathic Institute for 1880, will be held in Minneapolis, June 9th, 10th and 11th, 1880. Everything points to a large and enthusiastic convention of our very best men in the West.

The leading and representative men of our school in Chicago and St. Louis have promised to be here, and take an active part in the work of the convention.

The various Bureaux are hard at work, already have many important papers in hand, and more are promised.

The Headquarters of the Convention will be at the Nicollet House, where ample accommodations will be furnished to physicians and their families, at two dollars (\$2.00) per day. The St. James Hotel, a smaller one, but newly fitted-house, offer their accommodations for one dollar and a half (\$1.50) per day. The different railroads having a terminus in this city, will furnish transportation at reduced rates.

Realizing that it is well, occasionally, to combine fun with physic, the Committee will make arrangements for an excursion to Lake Minnetonka—the Saratoga of the West—and a steamboat ride upon its beautiful waters, to a point where ample refreshments will be in waiting.

In addition, trips to the Falls of Minnehaha and Fort Snelling, are being arranged for.

Will you not make an effort to be with us? We feel that it will be for your good to do so. To invigorate your system, and to gratify your taste for the beautiful, Minneapolis has no superior in the whole breadth of our land.

Any further information may be promptly obtained, by addressing the Chairman of either Committee.

D. M. GOODWIN, M. D.,
Minneapolis, Minn., Chairman Ex. Com.

A. E. HIGBEE, M. D.,
Minneapolis, Minn., Chairman Committee of Arrangements.

The Twenty-Sixth Annual Session of the Illinois Homœopathic Medical Association, will be holden at Chicago, May 18th, 19th and 20th, 1880. President, J. H. Beaumont, M. D., Freeport; Secretary, E. A. Ballard, M. D., Chicago.

Any persons visiting the North for chronic diseases, will find the Lansing Sanatorium a delightful place to spend a month or two. See Advertisement.

All graduates of the Homœopathic Medical College of Missouri, will please send their addresses to J. Martine Kershaw, St. Louis, Mo., Librarian and Curator of Museum. Donations are solicited for the College Library and Museum.

PHILO G. VALENTINE, M. D.,—*Dear Doctor:*—Please note the following in REVIEW:

Bureau of Clinical Medicine of Missouri Institute of Homœopathy, will present the following papers:

“Stomatitis;” Mrs. M. B. Pearman, M. D., St. Louis.

"Hydrocephaloid;" W. A. Edmonds, M. D. St. Louis.

"_____;" Philo G. Valentine, M. D., St. Louis.

"The Gymnastic Treatment of Spinal Curvature and General Spinal Irritation;" J. Martine Kershaw, M. D., St. Louis.

Other papers for the Bureau should be sent to the Chairman, J. Martine Kershaw, M. D., St. Louis, Mo.,

A CORRESPONDENT writes: "What will cure an actor of ranting?" Why! rant back at him; for will not *similia similibus curantur*?

THE Hahnemann Medical Association of Iowa, will meet at Waterloo, Iowa, on Wednesday and Thursday, May 26 and 27. Headquarters at the Logan House. This will be a large meeting. The secretary has issued a stirring circular to the Hawkeyes.

E. A. GUILBERT, M. D., Secretary, Dubuque.

DR. GEO. S. NORTON has removed from 36 West Twenty-seventh street to 154 West Thirty-fourth street, New York. Practice confined exclusively to the eye and ear.

DR. ALF'D K. HILLS removed on the first of May to 465 Fifth Avenue, New York.

FOURTEENTH annual session of the Indiana Institute of Homœopathy will meet in Indianapolis, May 25th and 26th.

M. T. RUNNELS, Secretary, Indianapolis.

LACTOPEPTINE.—There is scarcely a week passes that some one does not sound the praises of this preparation in our hearing as a most valuable adjuvant in aiding enfeebled digestion. Our doctors are recommending it in the convalescing stages of all our inflammatory fevers, and the results are highly satisfactory. The Lactic Acid, Pepsin, Pancreatine and sugar of milk which it contains gives to the Homœopath its therapeutic values.

MALTINE.—After carefully analyzing *Maltine* and three of the principal extracts of malt in the market, I find that Maltine contains from half as much again to three times the quantity of phosphates (bone and brain producers), and from twice to fourteen times as much diastase and other albuminoids (digestive agents and muscle producers), as any of the extracts examined.

PROF. WALTER S. HAYNES, Chicago, Ill.

PROMPT RENEWALS make us fast friends. About sixty of you are in arrears for Vol. 2d, and nearly all for Vol. 3d, which began in March. What's the matter? We are tired of sending you bills, for, as a rule, you ignore them. Must the Med. Journal bill be the last one paid? Suppose you reverse the custom.

THE ST. LOUIS CLINICAL REVIEW

PHILO G. VALENTINE, A. M., M. D., EDITOR.

VOLUME III.

ST. LOUIS, JUNE 15, 1880.

NUMBER 4.

POPULAR ERRORS TOUCHING HOMŒOPATHY.

BY PHILO G. VALENTINE, A. M., M. D.

(Public Address delivered at Hannibal, Mo., during the Session of the Missouri Institute of Homœopathy, June 2nd, 1880.)

LADIES AND GENTLEMEN:

The evening of last century was wonderfully prolific in the development of commanding genius—born to achieve greatness. The wars of Napoleon had stirred every home in Europe and rocked every nation like a storm-beaten ocean. On the sun-set side of the Atlantic our American revolution had brought into leadership a race of orators, statesmen and soldiers who startled the world by their brilliancy and moved every heart and brain to lofty impulses.

The times were ripe in the old world and the new for grander ideas, and newer conquests, not alone on the battle field but in the peaceful pursuits of literature, art and science—for “Peace hath her victories no less renowned than war.” Men of learning and renown caught the inspiration of the hour and turned to the evolution of new truths, and to the opening of new pathways leading to the secret chambers of nature’s hidden laws. Idolaters became iconoclasts, and the veneration for the vagaries of antiquity became lost in admiration of the marvelous thought-creating historic events which threw such luster upon the dying century.

It was in these very troublous times when learned doctors of divinity, law and medicine, shook their silvered heads in holy horror at the innovations of the day, that medicine became a science and homœopathy had its birth. What had for all previous ages been to a great extent the wild chimeras of self-complacent dreamers, now became formulated into a newly-discovered law of nature, capable of scientific demonstration. Homœopathy was one of the grand results of the upheaval of thought and the expanding of the intellect of a continent, and Hahnemann, its discoverer and proclaimer, enrolled his name as high on the starry firmament of fame as had Copernicus, Galileo or Sir Isaac Newton, who had long before held the world spell-bound by their stupendous discoveries. Homœopathy, then, is the offspring and outgrowth of the unsatisfactory results of the old practice of medicine, and a popular cry for a better way of healing the sick. Homœopathy cures not by any accidental experiment or circumstance or any fortuitous good luck, or by the exercise of faith, or the restriction to any course of diet, but by the positive action of drugs, which drugs act upon the body according to an unerring law of nature known as our *therapeutic law*, and applicable to *every known* medicine and to *every known* disease. I say "our therapeutic law," because it is denied by the opposition school, and only believed by us by reason of the abundance and preponderance of unimpeachable testimony produced before our eyes every day of our lives. By *therapeutic law* I simply mean the mode in which remedies act when applied to the treatment of disease.

Homœopathy did not seem to flourish in its native land where it encountered fierce opposition, but since its arrival on our more genial shores, the transplanted flower has grown with great vigor until it has now become a most luxuriant fruit-bearing exotic. A wondrous robust giant tree, towering far above the primeval forests, and bedewing its ever-green foliage in the waves of both oceans.

Homœopathy met with bitter opposition everywhere, and has become so familiar with vilification and ridicule and misrepresentation, that it rather thrives upon them,

never having known the serene tranquillity that comes from peaceful possessions.

In the course of time, following the western movement of populations and of empire, it reached the far-famed "father of waters" (a name well chosen by the aboriginal tribes dwelling along its banks), and crossed into Missouri in 1844. Prof. Jno. T. Temple, of St. Louis, now deceased, peace to his ashes, being the stalwart flag-bearer who first planted our colors in this trans-Mississippi country. He was a ripe scholar, a polished gentleman, a true Homœopath, a gifted lecturer. I knew him well. He was a great and good man, of whom Missouri may well be proud. He lived a long and useful life, spread our cause from Missouri to California; and from Minnesota to the Lone Star State, and in ripe old age was gathered to his fathers full of years and of honors.

In many respects, the homœopathic system of medicine is coining "golden opinions" nearly everywhere, nevertheless, there are so many erroneous impressions held among our opponents, touching our peculiar practice, that I have thought best to try to-night to remove some of these popular errors, if I could, in order that our legion of friends might be fortified in their beliefs, the honest seeker after truth be enlightened, and that our opponents, be they physicians or laymen, might be instructed and informed of the true reasons why our practice is superior to that of the dominant school. Many are unbelievers simply from lack of opportunities to judge of its value, and others (a large class) take their views second-hand from their friends, or quite as often from their doctor, who, never having bought or borrowed a book on the subject, *knows all about it.*

There are two classes of popular errors relating to homœopathy: one class held by the people and the other class of errors held by the people and their doctors, whose interest it is to discountenance and to condemn everything connected with our system. A family physician exercises great power among his patrons, and rarely omits an opportunity to poison them against us.

The first *popular error* I shall allude to will be, speaking of homœopathic physicians,

1. *They don't give enough medicine.*

This is, of course, the *old, old story*, forever ringing its changes in our ears against our small doses. And it is fair to state that the *chief difficulty* our system has always had to overcome has been, and is, the incredibility of the statement that a dose so minute could accomplish so much. In all candor, I would ask the objector if a sufficient quantity to cure is not enough? Homœopathy I want to say is a guide to the selection of the *right remedy*, and not to the *selection of the dose*. It teaches the law of how to know the right remedy, the amount to be given is an after consideration, a secondary thought, nevertheless, a matter of great importance. And whether we prescribe a molecule, or a mountain, an atom, or an ocean, we are none the less homœopaths. We honestly differ on the dose or the *potency* as it is called, and are divided on the *potency* or dose question, but on the action of medicines, according to our therapeutic law, and which gave us our distinctive name as a school of medicine, *we are a unit*.

Why then do we use small doses at all? Because a large dose of the right remedy aggravates the disease; a large dose of the *wrong remedy* creates a new disease, without arresting the one for which it is given. A small dose of the *right remedy* cures, when properly repeated, and the case is curable by any possible medication. Now, a *small dose of the wrong remedy*, prepared in our way, produces no perceptible effect either pro or con. Our mode of preparing medicines vastly increases their curative power, and infinitely lessens their poisonous power. Our manner of trituration of drugs with milk-sugar, and of dilution and succussion with distilled water and alcohol is no "candle hid under a bushel," is no secret, but taught and explained in all our books and colleges, and is, therefore, no quackery, no charlatanry, the very essence of which is secrecy. But you ask why the *potentism* of the right small dose and the *nililism* of the wrong? I answer by illustration. In the scientific world the doctrine of chemical affinities is well established. In accordance with this law, chemical agents act and re-act upon each other, selecting certain substances to unite with, for which they have an affinity, and rejecting others for which they have no

attraction. It is analogous to this that medicinal substances act within the human body. Drugs seem to have the power of selecting certain specific organs or tissues, upon which to expend their medicinal force; and this we denominate *medicinal affinities*.

Some act upon the brain in preference to any other organ. Others upon the liver, or the lungs, or the skin or the kidneys according to the law of *medicinal affinities*. If, then, the brain is diseased, no liver, lung, skin or kidney remedy, large dose or small, will reach it. The remedy must be chosen with special reference to its affinity for the brain, (and we have plenty of them) or we get no results. The reason we administer the small dose is, that the disease has so heightened the sensibilities of the organ that a large dose aggravates and overwhelms, while the small dose soothes and quiets by reversing the action of the disease. It is thus that an angry word enrages to a greater degree of fury, while "a soft answer turneth away wrath."

Don't give enough medicine! I think I have proven that it doesn't need large amounts to cure, that *quantum sufficit* to cure is surely enough. And that Homœopaths do cure, and that speedily and pleasantly, there is a cloud of witnesses even here in this large audience.

But it doesn't look reasonable! Why, there is a host of things that you believe which are not reasonable, but, having lost their novelty by long familiarity, are no longer questioned. You believe the earth revolves, that eclipses can be foretold, and the comet's fiery tail be measured. You know that fire burns, water runs and poison kills, but the *how* is another question. You believe in the circulation of the blood, and that the oxygen in the atmosphere is necessary to support life, but you have never seen the oxygen or the atmosphere, nor witnessed the blood circulation with the naked eye. Is homœopathy more unreasonable than are these things? Nature is full of small things working ultimate wonders. What of the developmental power of the diphtheritic or scarlatinal exhalation, or of the dormant yellow-fever germ, lurking in the tropics and semi-tropics, and destroying its annual thousands? Or of the poison fang of the venomous serpent, or the deadly

tooth of the tarantula? Or why the demoniac death from hydrophobia, *nine months* after the wound had healed and the affair forgotten? Surely our homœopathic dose is not more mysterious nor subtle than this or any of the illustrations given, the truth of which there is no longer any doubt.

Why Mars is red and Arcturus white, why Jupiter has moons and Saturn rings, I cannot tell, but if you will tell me why the grass grows green and the dandelion yellow, I will explain the laws of nature equal to any other fellow.

POPULAR ERROR NO. 2.

It'll do very well when you're not very sick.

This is another popular error, but is found principally among those who have no pronounced opposition to our school of practice. They really think homœopathy will do for a headache, or a neuralgia, or dyspepsia, or some *trivial* affair, but when something serious is the matter you must have a *doctor who gives strong medicine*. If you are very ill, it won't do to trust to Homœopathy.

Never was a greater mistake made, for it is in the management of the very fiercest and most fatal of diseases that we have made our grandest record. Such as yellow fever, cholera infantum, dysentery, pneumonia, croup, diphtheria, spinal meningitis, scarlet fever and all heart diseases. We have statistics to corroborate all this, but the patrons of any Homœopathic physician in your city may be called upon to testify. So successful are our physicians that some of the busiest of us will sometimes pass through a malignant epidemic of diphtheria or scarlet fever without a single death, and many a life have we saved by a timely call when the patient had been given up as beyond the hope of recovery.

POPULAR ERROR NO. 3.

It works too slow!

Here the public are all wrong again, as the contrary is really true. So promptly do our medicines act that we often hear the remark that "it acts like a charm," "it works like magic." In neuralgia, sick headache, pain in the side, sick stomach, cramp-colic, convulsions, asthma and croup, where time is everything, Homœopathy shows

its sovereign power and often brings relief in from five to twenty minutes. This is because the minutely divided dose gets into the circulation with greater facility than the large one, and through the nerve centers acts upon the diseased parts only.

POPULAR ERROR NO. 4.

You must have faith.

This idea was once much more prevalent than now, and needs but a few words at this time to show the utter absurdity of such an impression.

If our medicine acted only on those who believe in its efficacy, how shall we account for its prompt action on the insane and on infants and on little children, or in the delirium of fever or the unconsciousness of a convulsion? In none of these persons is there any exercise of faith or thought on the subject. Furthermore, I have given medicine many times to persons who said they had no faith and with results equally as satisfactory to the patient and to myself. It has long been my custom to tell my patients that I didn't care whether they believed or not, so they took the medicine as directed.

POPULAR ERROR NO. 5.

Homœopathy'll do for children—not strong enough for grown folks.

This is the most common, *not to say proper*, of all the errors charged against the use of our medicines. And it seems to be the most widespread and deep-rooted of any prejudice with which we have to contend. It is not, however, without some redeeming qualities, for it shows that the transition period has been reached, and they, of this state of mind, "are almost persuaded to be" Homœopaths, and that after they have given us their little ones for a longer or shorter time, and they have watched them return to health under our benign medication, they are very apt to try us when they get sick themselves. Yet there are heads of families who constantly employ us for their children and never for themselves, and I know of one family man who employs three doctors—one for himself, another for his wife (both old school) and another—a Homœopath—for his children. It has often been said that man is but

a grown-up child, and as there are no organs in the adult not found in the child, by what a gossamer thread hangs the argument that Homœopathy will do well enough for children but not strong enough for grown people, especially when daily bedside experience proves to the contrary.

POPULAR ERROR NO. 6.

All a matter of diet.

This error originated with the self-styled "regulars" who, feeling the necessity of accounting for the alarming spread of our system and its astonishing cures, and knowing what strict dietarians the early Homœopaths were, charged all our successes to the rigid adherence to our *Rules of Diet*; and college professors to this day annually proclaim to classes of medical students that there is no truth in our law of "like curing like." It's all a matter of diet. Prof. Linton, of St. Louis, used to amuse the students every winter by calling the Homœopaths a knavish set of fanatics and visionaries, and saying that there was but one well authenticated cure on record, according to the homœopathic law of *similia*, and would then create a roar of laughter by repeating the famous *bramble-bush eye story*:

"There was a man lived in our town, he was so wondrous wise,
He jumped into a bramble-bush, and scratched out both his eyes.
And when he found his eyes were out, with all his might and main,
He jumped into another bush and scratched them in again."

It is worthy of remark that patients suffering under the severest of diseases are, under our treatment, brought out of danger and into convalescence before the subject of diet has been thought of. We do not deny that proper diet, in chronic complaints, is of great importance, but that our success as practitioners of medicine is *all a matter of diet*, we do most stoutly deny.

POPULAR ERROR NO. 7.

It is easy to learn; a Book, and a box of medicine is all that is required.

Because, persons so equipped have palmed themselves off on communities as Homœopathic physicians in good standing, is it fair to say that all our Art is contained in a small work on family practice, any more than it would be for us to claim that a long-haired, cross-roads *rusticus*, with

a pair of tooth-pullers and a pair of saddle-bags, is a fair representative of the learning and skill of the *old-timers*, who arrogate to themselves, all the knowledge of medicine worth possessing among the ancients or moderns?

POPULAR ERROR NO. 8.

Homœopathic physicians are prescribers only. They have no Accouchers, no Surgeons, or other specialists.

It is high time that this erroneous impression was banished from the public mind, as there are ten Homœopathic colleges in the United States, in each of which all the specialties are taught, and taught, too, by gentlemen of the very first talents—some educated at home, some abroad. Surgeons, oculists, aurists, and specialists in diseases of women and children, nervous and spinal diseases, specialists in throat and lung and heart diseases, are to be found in all our large American cities, with a clientage of the best classes, and equal in science and the skillful handling of the most delicate surgical instruments to the most brilliant operators anywhere or in any school of medicine. And I am proud to say, that Missouri, in the galaxy of distinguished specialists, is not behind her sister states on the Atlantic border. Within our own ranks there are to be found, and at home, not only excellent prescribers for diseases, but men, competent, abundantly so, to treat successfully any injury or accident, or fracture, or dislocation, or deformity, congenital or acquired. Bear this in mind then, and especially remember that the Homœopathic after-treatment, following surgical operations, is so pleasant and so different from that employed by other operators, that many lives are saved that would have succumbed to the shock of the operation.

POPULAR ERROR NO. 9.

It wont act after long use of O. S. remedies.

This is a very grave error, and keeps many middle-aged and old people away from us. After they have shed their teeth as a peace-offering to the Mercurial god, they seem to cling to the hand that so cruelly chastised them. They are "joined to their idols," but we must not "let them alone." Many of the more intelligent, however, are now

trying Homœopathic medication, and find greatly to their surprise and delight, that our medicines do act in spite of a life-time use of tonics and aperients, expectorants and anodynes; and in spite of the use of coffee, camphor or cologne; stimulants, vinegar or spices; cupping, scarifying or blistering. Perhaps not as promptly as on little babes, but sufficient to prolong life and to alleviate human suffering.

POPULAR ERROR NO. 10.

If a Homœopathic doctor gives Quinine or anything bitter or disagreeable to the taste, he is so far practicing Allopathy—have to come to it sometimes!

This false impression, started by the doctors belonging to the *majority*, has taken a strong foot-hold among the people, and many of our friends think that it is perhaps true. In order to disabuse your minds of this untruth, let me repeat what I said under another paragraph in this address, viz: "That the Homœopath does not stand pledged to any system of dosage, but to the belief that medicines act according to a *curative law*, as immutable as any law of nature, and that when he gives Quinine to cure *the chills*, he practices square Homœopathy, pure and unadulterated, and ought not to be reproached therefor. Furthermore, I claim that every practitioner of the dominant school, who cures intermittent fever with the use of Quinine, practices Homœopathy *and don't know it*. So that instead of our wandering off after strange gods, they are sometimes unknowingly sailing under our banner. For let it be known and forever remembered, that the discovery of the power this South American bark possesses, of producing and also of curing chills and fever, *was and is*, the very foundation and corner-stone of this beautiful temple we call Homœopathy.

POPULAR ERROR NO. 11.

If a Homœopathic physician has a large and lucrative practice, he is not honest.

This charge always comes from doctors opposed to us in practice. They cannot believe that any doctor can have such a shining record of cures, unless he clandestinely resorts to their remedies when the patient is really, dangerously ill. And so they industriously noise it abroad

and circulate the slander as the only way to account for the constantly increasing number of recoveries, which they cannot deny.

So far from being true is this charge that the very opposite is the veritable fact, and the very successes which make the Homœopathic physicians so conspicuous are all attributable to his adherence to the law of *similia*. And so it happens that a successful practitioner of Homœopathy is not necessarily leading a life of contemptible hypocrisy.

POPULAR ERROR NO. 12.

That Homœopathic Colleges are inferior, and that to get a thorough medical education students must pursue their studies in other colleges.

I am free to confess that popular opinion in this particular was *not* erroneous until within a few years; now, there are no better colleges than the Homœopathic colleges, and none better patronized. Once it was not so. But time has changed all that, and, being personally acquainted with members of the Faculties of all our colleges, from Massachusetts to Iowa, I can assure you that as gifted lecturers and accomplished scholars, they are the peers of any college professors in aptitude for imparting medical knowledge. Our college clinics, our hospital clinics, our dispensary policlinics, our surgical clinics, eye and ear clinics, and clinics for women and children, and the nervous, are as good and as extensive in some of our colleges as in the oldest of the old. So let this popular *error* that our young men cannot be properly educated at our own medical colleges, be dismissed from your minds as the new era of medical education has dawned; and in schools, colleges and universities we are thoroughly equipped and perfectly independent. Furthermore, many of our most distinguished professors are authors of great volumes, with reputations in medical lore as wide as the earth.

POPULAR ERROR NO. 13.

Homœopathy is on the decline.

Many a time and oft have I been asked by intelligent people and by intelligent O. S. physicians if Homœopathy wasn't dying out? That they didn't hear so much said about it as formerly. This, then, is probably a greater

popular error than we are aware of, and exists merely on account of lack of information as to our general status in the medical world, and what we are doing in the line of the manufacture and sale of our medicines, the extent of our book-making, and the immense sale of our publications, and the great popularity of our medical journals, and the number and quality of our medical colleges.

Homœopathy dying out! Visit our 10 colleges with 100 professors and 1,000 students, and tell us the signs of decay! Visit our publishing houses in Chicago, New York and Philadelphia and London, and witness great volumes rolling from the busy press; then take a glance at our current literature, medical journals printed in all the modern languages. 1 in Italy, 2 in France, 6 in Germany, 1 in Belgium, 4 in England, 1 in Spain, 1 in Mexico, and fifteen in the United States, and give us your opinion of the decline of homœopathy! Go with me through the hospitals and infirmaries, and dispensaries, and poor houses, and asylums, and sanitariums in the different parts of our country and the old world under homœopathic management, and see how the good work goes on. Then attend the Homœopathic Medical Society meetings in the American cities, the county meetings, the state meetings! Cross the ocean to the French Homœopathic Congress, the British Homœopathic Congress, and then return to see the gathering clans at the Western Academy of Homœopathy, and the American Institute of Homœopathy, and, *finally*, meet the Missouri Institute of Homœopathy here, and you will have been convinced, long before your journey's ending, that the wildest *popular error* of the whole 13 was that homœopathy is on the decline.

Now call the long roll of 7,000 Homœopathic physicians with 350 new graduates added every year, and listen to the responses coming across the earth like the undulating swell of deep-voiced music from Scotland's ancient mountains to the coral strands of India.

Are you not yet convinced? Then call another and a longer roll, and 10,000,000 believers and patrons will join the glad host of the new found Art of Healing, and send the new song echoing round the globe, whose musical

cadence will never die away except to be renewed among the stars.

Homœopathy on the decline! It cannot be. Perish the thought, and let it "vanish like the baseless fabric of a vision."

To the action of Nature's laws there is no ending nor decay. He who taught the bird to build its nest and the violet how to bloom, and placed the Pole-star on the brow of night, also fashioned man in His own image, and did not forget to provide a pleasant way to tide him over to a better land.

WHY IS ST. LOUIS THE MOST HEALTHFUL LARGE CITY IN THE WORLD?

DR. J. BERRIEN LINDSLEY of Nashville, Tenn., member of the sanitary council of the Mississippi valley, asks the very pertinent question: "How is it that St. Louis is, by its mortality reports, shown to be the most healthful large city in the world?"

The question of Dr. Lindsley, so often asked, is certainly capable of an answer which will perfectly elucidate the causes, and it is worth being answered. In the first place, the geographical position of the city favors its sanitation. Near the centre of a valley extending from the Northwest mountains to the Gulf of Mexico, traversed by an immense and rapidly-moving current of water, which occasions a constant series of atmospheric currents of frequent alternation and in velocity of from five to seventeen miles per hour, weekly mean, the pure, almost frosty, air of the mountains sweeps to the gulf, alternating with the breezes from that warm sea backwards to the North, thus preventing, as a usual thing, any prolonged season of very high or extremely low temperature. It is exceptional that we suffer from prolonged hot or cold seasons, although we may at times have to contend for a short space with both extremes. While this constant aerial movement tempers the atmosphere it serves also to remove constantly the exhalations of a large city, replacing the foul with fresh air, which,

by our systems of streets and alleys, permeates every nook of our domiciles. Our streetage is in excess of any other city. The squares or blocks are small—few larger than three hundred feet square—each square or block intersected by broad paved alleys, which secure free ventilation to the rear of all dwellings.

Secondly, the topographical features of the city are in the main most favorable both to underground artificial and surface natural drainage. From the river front westward the ground rises in gradually increasing series of undulations, the surface of porous clay resting, at varying depths, upon a limestone substratum. The elevations permit of an admirable system of sewerage, which extends to a length of about two hundred miles (the last official report is 195.26 miles), being daily extended. The law requires—and the requirement is complied with—that every house shall be connected with the sewer wherever it can be reached, so that, with few exceptions, and these in the outskirts of the city, all foul matter is washed directly to the river by 25,000,000 gallons of water, which is daily furnished by the water-works, in addition to the varying rainfall.

The natural drainage is favored by our lack of what is called good paving, the loose macadam allowing rapid penetration to the porous clay, through which the water finds ready underground access to the neighboring streams. Besides favoring water drainage, the configuration of the city site, as shown by a physician of our city, favors another very important drainage in the form of surface air currents, diurnal, and especially nocturnal, when the heavier air, falling to the ground, occasions movements which simulate those of fluids, creating, even without wind, constant change, as the heavier atmosphere, sinking toward the lower outlets, is replaced by the lighter, newer air. St. Louis has no need for crowding its population, and does not. There are no underground tenements—those lurking places and breeding nests of diseased minds, morals and bodies, and, indeed, but very few above-ground tenements, such as most large cities are cursed with. Thousands of the laboring class own their homes and, with few exceptional localities, dense crowding is unknown, and even there

it does not compare with what is considered crowding in other cities.

Another most important factor in causing good health is an abundance of water unequalled for healthfulness. It is a common joke for the citizens of the North and East to ridicule the hue that our drinking-water at times possesses; but it is a fact well known to seamen that no water throughout the world is so self-preservative as that which stains the blue waters of the gulf for miles beyond the jetties. A cask of Mississippi water may be traveled a year and at the last be sweet, pure and wholesome. It is consumed at the rate of more than fifty gallons per diem to each person, estimating the population at half a million.

Food of all varieties is abundant, cheap and of the best quality; few markets are better or more lavishly supplied with meats, fish, poultry, game, vegetables and fruits, not only for the rich, but at such rates that the humblest worker may have sufficient.

For our working classes it must be said that as a rule they are temperate and thrifty, the majority looking forward to the possession of house and home.

All these facts furnish sufficient, good and efficient causes for our freedom from epidemics or endemics, favor longevity and healthfulness, and we may confidently anticipate a still further decline in our average mortality.

THE EFFECT OF TRITURATION ON GOLD AND CHARCOAL.

BY C. WESSELHOEFT, M. D., BOSTON.

An article on the effects of trituration, which the writer of the present paper had the honor of presenting as a report to the American Institute of Homœopathy,* had the effect of stimulating further inquiry into the subject. Although the criticisms were with two exceptions entirely speculative,

*Microscopic examination of triturated metals, etc. Transactions of the American Institute of Homœopathy, 1878, page 135.

they nevertheless invited a re-examination of the subject, which led to several additional observations and corrections, which I would herewith offer for the consideration of homœopathic practitioners and students who desire to know something in relation to the dose.

The following article will be a synopsis of the report to the Institute, to which remarks concerning more recent observations will be added, as well as allusions to critical views expressed for and against the subject by various writers.

Hahnemann asserts (Chron. Dis., 2d ed., Vol. I.) that by means of trituration with non-medicinal powder, *i. e.*, sugar of milk, certain hard and insoluble substances "undergo a change in their physical and chemical behavior," which renders them "entirely soluble in water and alcohol after they have undergone the change under trituration."

It was for the purpose of observing these asserted physical changes that the microscope was resorted to as the handiest and most available instrument for that purpose; for by its means we ought to be able to detect whether "the changes produced by protracted trituration would prove to be so incredibly great as to border upon the wonderful,"—that is to say, whether they would warrant us in assuming the solubility of these substances in water or alcohol. This is the meaning of Hahnemann's proposition. At his time, the assumption of a transcendent degree of subdivision by trituration was quite admissible. The clinical test seemed to support the hypothesis sufficiently, while microscopic tests were not then, though they might have been, applied.

No estimate can be formed as to the degree of subdivision of matter which Hahnemann assumed to take place, and designated as "wonderful" and "incredible." As will be shown in the following pages, the limit of division by trituration of hard, insoluble substances is from 1-1800 to 1-3000 of a millimetre. At Hahnemann's time this might have been called incredibly small; but at our time we are not warranted in assuming that this size of particles of matter would subvert the laws of chemistry or physics. Hahnemann probably had in mind a degree of subdivision approaching the liquid or even gaseous form, in which case solubility in water or alcohol would have been to a certain

extent possible. It is not difficult to show that such a degree of expansion of surface is not reached by trituration with sugar of milk.

This is a question of pharmacology alone, and is one that every faithful homœopathist should assist in determining. For the purpose of inviting and aiding examination, it will be proper to describe the means to accomplish the purpose.

THE USE OF THE MICROSCOPE AND MAKING PREPARATIONS.

In the article referred to, I stated that magnifying powers of from forty to fifty diameters ($\frac{1}{2}$ inch objectives) would show most particles we are able to produce, and that moderate magnifying powers, from one hundred upwards, would exhibit the limit of trituration. I have not found occasion to retract this statement, but would now lay more stress on the necessity of using high amplifications, from one thousand to three thousand, and higher if possible. Accurate measurements can only be made during the greatest possible amplifications of the object, because small objects, though very distinctly seen (though perhaps not defined), admit only of a more or less accurate estimate, according to the number of particles which may lie between the lines of the micrometer. The cobweb micrometer will give much more exact measurements of highly magnified particles; and we may use the highest magnifying power that will furnish a sufficiently clear outline of the edges, regardless of definition of structure.

I have during my first researches made use both of direct and transmitted light. The latter I have mentioned in numerous places, yet some readers have supposed that I had used direct light exclusively. For the purpose of definition of opaque substances, direct light is indispensable, as in case of the metals, charcoal, etc. If examined by transmitted light, we shall have to guard against the error into which Dr. O. Buchmann* has fallen, of regarding them as transparent; an appearance which is very closely simulated by the well-known phenomena of diffraction. This can readily be guarded against during the use of high powers,

*Allgem. Homœop. Zeitung, Vol. XCIX. Nos. 1 to 12.

by carefully adjusting the thickness of the glass cover to the capacity of the ocular, either by measuring the latter or making use of the screw collar to obtain accurate adjustment, position of mirror, etc.

The sugar of milk, though hard to get rid of when we are unfamiliar with its action in the beginning of our researches, is less formidable when we have become acquainted with it. The following are the best methods of preparing triturations for microscopic examination:—

1. By dissolving a portion of a grain of a trituration upon a slide, and slowly drying it till it is transparent like varnish. This will show all triturated particles of matter in a state of rest.

2. Balsam-mounted preparations are indispensable, if we wish to view particles separated and unconglomerated; especially pure precipitates of metals and powdered silica, glass, etc. Triturations may also be examined this way, as balsam causes the sugar of milk to vanish, and to bring out opaque particles.

3. Crystallization of triturations upon a slide under a cover causes perfectly clear spaces to appear, upon which the particles of metal, etc., may be distinctly seen.

4. By dissolving a particle of a trituration upon a slide, in a drop of water warmed over a spirit lamp. Beneath a cover this will exhibit all non-soluble particles of triturated matter absolutely free from sugar of milk, but disturbed by molecular motion and capillary currents.

These may be examined with transmitted and direct light, clear white daylight, or direct sunlight, applied with or without condensing lens. Oblique direct sunlight is very advantageous in many cases.

Those substances which have been described in my first essay on this subject will be but briefly mentioned here, for the purpose of modifying or making additions to previous statements. In this connection it is necessary to remark that my observations related to triturations made in the *centesimal scale*, which is the one originally recommended by Hahnemann, and that which, in its third degree, is assumed to admit of solubility. Those who repeated or attempted to criticise my observations from the standpoint

of rigid Hahnemannians have invariably employed triturations in the *decimal* scale, which, though preferable in other respects, cannot properly be used to refute observations made upon the standard *centesimal* triturations; for, as I have shown, the less vehicle we use the more even and rapid is the comminution of metals, etc.

The observation applies most particularly to *leaf gold*. This is the most difficult to bring to an evenly fine degree of subdivision by hand trituration, the method mostly employed since Hahnemann's time. Dr. J. Edwards Smith, of Cleveland, has shown* that triturations made by machines are of much more uniform fineness and evenness of subdivision. The triturations made by hand contain a very great number of exceedingly large and uneven particles, especially where they are prepared in the centesimal scale. When less sugar of milk is used, the uniformity in size is more marked.

Triturations of the centesimal scale show particles up to the VI., but it must be remarked that it is extremely difficult, and requires long and patient labor, to discover them beyond the III., and that it is much easier to examine triturations of the decimal scale.

When all particles thus found in the three successive triturations are properly measured, but a very slight difference in size will be detected, where a great and progressive comminution had been assumed. We find that in the first trituration some of the gold has already attained its minutest subdivision.

In the first essay, I did not state this accurately, giving the dimensions from 1-25 to 1-400 millimetre. I would here correct this statement by adding that even leaf gold can be made to reach a minuteness of 1-1800 to 1-200 of a millimetre. Such particles are less frequent in the first than in the third trituration, and more numerous in decimal than in centesimal triturations. In those measured by Dr. J. Edwards Smith, the particles of leaf gold are somewhat smaller than according to my measurements.

It will be found upon comparison that the minutest particles of leaf gold are of the same average size as those of

*Forthcoming Transactions of the American Institute, 1879.

precipitated gold. At the same time, it is a remarkable fact that the smallest particles of other precipitated metals are equal in size to the particles we are enabled to reach by mechanical subdivision. Leaf gold appears in the form of flat pieces with jagged edges, down to the smallest particles, which are more or less spherical in shape, like those of precipitated gold. The yellow, metallic lustre of gold can be distinctly seen, even in small particles, by means of direct oblique sunlight, or by means of a condenser and good daylight. An immersion objective (1-10 to 1-15) affords an excellent means, not only of seeing the color, but of defining the smallest particles.

Precipitated gold, no matter how long subjected to trituration with or without sugar of milk, does not exhibit the least sign of higher comminution, as stated by Dr. O. Buchmann, who believes that the particles are still more reduced by protracted trituration. Through the kindness of Messrs. Otis Clapp & Son, I obtained the first trituration of precipitated gold, which had been ground for three consecutive hours. This preparation, examined by means of transmitted as well as direct light, under low, medium, and high powers (1,100 diameters), did not show the least variation in the size of its particles from those of untrituated precipitate, nor from the smallest particles of leaf gold, both measuring 1-2000 to 1-1000 millimetre. There is no gradual diminution down to indefinitely small particles, as would naturally be the case if further reduction took place. The limit is clearly defined and easy to see, as will be demonstrated. The particles of the III. do not vary in size from those of the pure precipitate. These, when thinly scattered on a slide without glass cover, and by using direct oblique light, are seen to be oval or spherical, many grouped together like heaps of shot. On one side they are brightly illumined by the oblique light, showing golden lustre, while the side removed from light has feeble lustre or is nearly dark, giving the appearance of hemispheres or little crescents. A great deal has been said by one of my reviewers, quoted above, about transparency of triturated substances. Gold was by him described as transmitting bright green light; charcoal, he

said, not only transmitted blue light, but was clearly transparent like crystals of soda or glass. It is well known that gold leaf beaten out to the thinness of 1-20000 part of a line transmits green light, when a sheet of such gold is held up to the sunlight; silver under similar circumstances transmits bluish light, an appearance readily confirmed by gold beaters; but none ever saw it colorless and transparent like glass. Although the fineness we are able to obtain is equal to that which is known as translucent, this is not exhibited under the microscope by the spherical particles, where the principle of diffraction on the one hand, and on the other hand the minuteness of rays which might possibly be transmitted, prevent the perception of translucency. Even glass and other actually transparent bodies, *in finest subdivision*, are only microscopically translucent not transparent.

With regard to gold and copper, there are microscopic appearances which resemble faint translucency of larger particles. This deceptive appearance is, however, easily dispelled by cutting off the transmitted light which ought to, but does not, change the translucent appearance produced entirely by diffused light. The ring-shaped whiteness and apparent transparency of coal is owing entirely to imperfect focusing; correct focus (by adaptation of cover to objective by screw collar or measurement of cover) always exhibits the smallest particles as sharply defined dark dots or points.

CHARCOAL.—This substance, from the I. to III. centesimal triturations, according to my first measurements, yielded particles varying from 1-40 to 1-1200 millimetre. Specimens of triturations carried on for thirty hours by machine did not exhibit any further reduction. Pure charcoal, however, triturated only forty-five minutes, proved the great majority of particles to have been reduced to 1-1800 and 1-2000 millimetre, thus furnishing strong evidence that the intervention of sugar of milk prevents the rapid and complete reduction of hard substances.

I stated that the particles of coal of 1-1800 millimetre could be seen at an amplification of fifty-five diameters. I have since verified this observation frequently. Let us sin-

gle out or "spot" a particle of coal under a high power, then apply a low power, and we will see it minutely but sharply.

Buchmann, who saw "indefinable shadows" and particles as transparent as glass, states* that particles of 1-1000 millimetre are already transparent. Such a statement is only to be accounted for by the improper use of his instrument, as well as faulty interpretation. He admits, however, that the particles of the triturations do not exceed in minuteness those of pulverized pure coal. He draws his conclusions from observations upon *decimal* triturations, on which account he finds fewer very coarse particles than I did in the *centesimals*, in the first of which the extreme minuteness of particles is already reached. By Dr. Buchmann's measurements the dimensions of the smallest particles of coal are 1-1000 to 1-2000 millimetre, although he intimates that smaller ones exist in the form of "gray shadows," forgetting that it is possible and very easy to define much more minute objects.

Mr. A. W. Haupt, an expert of unquestioned authority, who also examined charcoal,† finds that particles of the I, to III. decimal trituration range from 9-100 to 1-2000 millimetre.

My own observations with the centesimals fall below those figures, but I am quite ready to concede the difference.

Molecular motion is of course observed in this, as in all other finely divided substances, and is set up as a theoretical proof of the solubility of charcoal in water and alcohol.

More of this hereafter.

FIFTH ANNUAL MEETING OF THE MISSOURI INSTITUTE OF HOMŒOPATHY.

As previously announced the Missouri Medical Institute opened its Fifth Annual Session in the Congregational Church yesterday morning. The meeting was called to order at 10 o'clock by the Vice-President, Dr. D. T. Abell,

*Allgem. Homœop. Zeitung, XCIX., 5, page 35.

†Allgem. Homœop. Zeitung, XCVIII., No. 20.

of Sedalia. Prayer was offered by the Rev. A. Leonard. There were present the following doctors: D. T. Abell, Sedalia; P. G. Valentine, J. M. Kershaw, Jas. A. Campbell and William Collisson, of St. Louis; C. J. Burger, Boonville; Elgin Schmidt, Quincy, Illinois; C. C. Wakefield, Monroe City; H. W. Westover, St. Joseph; N. Zilliken, Milton, Illinois; J. W. Primm and W. D. Foster, of this city. Reports were read and others made, and after formal business had been transacted the bureau of prevailing diseases was called and interesting reports were given from various parts of the country, all flattering to Homœopathy. This morning was consumed in discussing questions arising under this bureau.

The afternoon session opened with a paper on "Spots before the Eyes," by Dr. Campbell, which was illustrated by drawings on the black board. This led to a discussion in which Dr. Collisson and Dr. Campbell related some extraordinary instances. The following papers were then presented by Dr. Kershaw, Chairman of the Bureau of Clinical Medicine: On the Gymnastic and Postural Treatment of Spinal Curvature, by Dr. Kershaw; on two Cases of Death from Fright, by Dr. Valentine; On Hydrocephaloid Disease, by Dr. W. A. Edmonds; on Ischias, by Dr. D. V. Vansyckle, Canton, Ill.

The next bureau was that on legislation, education and statistics, which called forth papers from Dr. Burger and Dr. Abell. These were very entertaining, and only want of space prevents a full report. They developed the fact that America has 84 medical colleges, England 4, and Germany 27; while there is one doctor to every 600 people in the United States, one to every 1,200 in Canada, to 1,672 in England, to 1,814 in France, and to about 3,000 in Germany.

After miscellaneous business an adjournment was had to this morning, June 3d.

THE ADDRESS.

was delivered in the lecture last evening by Prof. Philo G. Valentine, A. M., M. D., of St. Louis. He took as his subject.

POPULAR ERRORS CONCERNING HOMŒOPATHY.

The speaker began by calling attention to the great revival

of learning at the close of the last century when Hahnemann promulgated the system of Homœopathy and discovered a law of nature capable of scientific demonstration. Homœopathy is an outgrowth of the dissatisfaction at the results of the old school and a popular cry for a better healing. It cures not by accidental experiment, circumstance or good luck, or by faith or restriction to any diet, but by the action on man of drugs by an unerring law known as the therapeutic law, which is the mode in which remedies act when applied to the treatment of disease. Homœopathy did not flourish in its native land, but being transplanted in America it has grown luxuriantly. It has everywhere met severe opposition, villification and ridicule, until it thrives upon them. It reached Missouri in 1844 through the aid of that noble and learned man, Dr. John T. Temple, of St. Louis, who spread a knowledge of it over all the western country. While Homœopathy is growing, there are many errors current concerning it, due in part to the ignorance of people, in part to the envy of its opponents. These errors may be classified as pertaining to the physicians and system, as follows:

1. They do not give medicine enough. This is the old story. Homœopathy is a guide to the selection of the right remedy and not to the selection of the dose. A slight dose may cure and cannot hurt. A strong dose will aggravate disease if right and create disease if wrong. The doctrine of medicinal affinity explains the potentism of right small doses and the nihilism of the wrong.

2. It will do very well when you are not very sick. This is a grave error. The greatest success is met in the treatment of the fiercest diseases.

3. It works too slowly. This is absurd, as the minutely divided dose gets into the circulation more readily than the larger one.

4. You must have faith. The fact that Homœopathy has won its most signal victories in spite of the fiercest opposition is proof that it works by law and not by faith.

5. Homœopathy will do for children; it is not strong enough for grown men. This goes on the assumption that man's nature is unlike the child's.

6. It is all a matter of diet.

7. It is easy to learn; a book and a box of medicine is all that is required.

8. Homœopathic physicians are prescribers only; they are not accouchers, surgeons or specialists.

9. Homœopathy will not act after the patient has long used old school remedies.

10. If a homœopathic physician gives quinine or anything bitter or disagreeable, he so far practices allopathy.

11. If a homœopathic physician has a large and lucrative practice, he is not honest.

12. That homœopathic colleges are inferior, and to get a thorough education one must go to other colleges.

13. That Homœopathy is on the decline. The answers to these errors were generally flat denials based on facts patent to all and on actual experience. In disproof of the last assertion, the lecturer noted that they had ten colleges, one hundred professors and one thousand students devoted to Homœopathy in this country, with publishing houses in Chicago, New York, Philadelphia and London, a medical journal in Italy, two in France, four in England, one in Belgium, six in Germany, one in Spain, one in Mexico, fifteen in the United States; also in this country 7,000 physicians, 350 new ones each year, and 10,000,000 believers and patrons.

The lecturer held the closest attention throughout.

SECOND AND LAST DAY OF THE MEDICAL INSTITUTE.

The Institute met yesterday morning at 9 o'clock. The president appointed the following delegates to the American Institute; Drs. W. D. Foster of Hannibal and H. W. Westover, of St. Joseph; to the Western Academy, Drs. C. J. Burger and D. T. Abell; New York, Dr. W. C. Richardson, St. Louis; Pennsylvania, Dr. W. L. Hedges, Warrensburg; Illinois, Dr. N. Zilliken; Wisconsin, Mrs. S. J. Johnson, M. D., St. Louis; Kansas, Dr. H. W. Westover; Iowa, Dr. S. B. Parsons; Nebraska, Dr. W. G. Hall; Ohio, Dr. J. M. Kershaw; Indiana, Dr. D. D. Miles; Michigan, Dr. E. C. Franklin; Minnesota, Dr. J. W. Primm, Hannibal; Kentucky, Prof. P. G. Valentine; Tennessee, Dr. J. C. Campbell.

Mrs. M. B. Pearman, M. D., of St. Louis, was elected a member of the Institute.

Dr. Foster presented a report of the bureau of surgery, which was very profitable to the auditors, as it concerned specific ills and their cure.

The next bureau was that of obstetrics, which was fruitful in discussion, leading to a question of the value of Koumiss in dyspepsia, which was generally approved.

The Institute then adjourned to 2 p. m.

The afternoon session opened with attention to finances, followed by the election of officers as follows:

President—D. T. Abell.

Vice President—C. J. Burger.

Secretaries—W. D. Foster, re-elected, and H. W. Westover.

Treasurer—Philo G. Valentine.

Board of Censors—J. M. Kershaw, H. W. Westover and J. W. Primm.

Sweet Springs was chosen as the place for holding the Institute next year.

The time was left to the executive committee.

The following bureaux were then appointed.

Clinical Medicine—Drs. Philo G. Valentine (chairman), N. V. Wright, W. Collisson, John Hansam, R. C. Runner, L. E. Whitney and J. C. Cummings.

Surgery—Drs. W. D. Foster (chairman), S. B. Parsons, E. C. Franklin, A. S. Everett, R. W. Carr, H. W. Westover and E. A. Griveaud.

Gynæcology—Mrs. M. B. Pearman, M. D., (chairman), Drs. Josie Johnson, C. J. Burger, W. Collisson, and W. D. Foster.

Climatology—Drs. J. C. Cummings (chairman), W. G. Hall, W. L. Hedges, H. P. deVol, S. G. Merrill and D. V. Vansyckle.

Ophthalmology and Otology—Dr. J. A. Campbell, chairman.

Psychological Medicine—Drs. J. M. Kershaw (chairman), P. G. Valentine, D. T. Abell, L. E. Whitney, W. D. Foster, J. C. Burger, and H. W. Westover.

Obstetrics—Drs. H. W. Westover (chairman), W. C.

Richardson, W. H. Jenney, W. G. Hall, J. W. Primm, F. T. Knox and D. D. Miles.

Pædology—Drs. W. A. Edmonds (chairman), Peter Frohne, Charles Gundelach, G. W. Barker, Josie Johnson and Peter Baker.

Materia Medica—Drs. J. W. Primm (chairman), W. L. Hedges, A. Uhlemeyer, W. B. Morgan, P. Baker, and L. J. Ingersoll.

Proving—Drs. N. Zilliken (chairman), W. H. Jenney, H. W. Westover, D. T. Abell and L. E. Whitney.

Education, Legislation and Statistics—Drs. C. J. Burger (chairman), P. G. Valentine, D. T. Abell and J. M. Ker-shaw.

The following resolutions were then offered and adopted:

Resolved, That in the opinion of this Institute, the cause of homœopathic medicine would be advanced by our college adopting a graded course of instruction; that we, as a society, approve of the course of the Missouri Homœopathic College in organizing a board of trustees apart from the faculty; that we, as a society, would most respectfully advise said college to appoint a board of examiners apart from the teaching faculty, whose duty it shall be to examine and pass upon all applicants for degrees; that, as a society we would urge upon the faculties of all schools the importance of a higher standard of educational requirements, and would advise an examination of the applicant before allowing him or her to matriculate.

MANY THANKS.

Resolved, That this society tenders its thanks to the Rev. A. Leonard for opening its session with prayer and for the interest manifested by his presence.

Resolved, That the Missouri Institute of Homœopathy tenders its thanks to the trustees and members of the Congregational Church of Hannibal, Missouri, for the use of their parlors during its session.

Resolved, That this society tenders its thanks to Drs. Foster and Primm for their courteous entertainment of the society.

Resolved, That the thanks of this Institute are hereby offered to the officers of the M., K. & T. railway for generous reduction of fare to delegates to this body.

Resolved, That this society offers its thanks to the "Clipper-Herald for its generous published report of our proceedings, and that a copy of this resolution be sent to the editors.

Thereupon the Institute adjourned.

W. D. FOSTER, M. D., Secretary.

HANNIBAL, MO., June 4th, 1880.

CLINICAL REMARKS ON THE SUBJECT OF AFFECTIONS OF THE HEART.

BY DR. MARTINY.

[Translated by Roswell D. Valentine, M. D., Vermont, Ill., from the "Revue Homœopathique Belge."]

OBSERVATION 1. In the month of December, 1874, M. le Baron de X., aged 57 years, came to consult me for palpitations of the heart, which had tormented him for a long time. He had felt his own pulse at several returns, and had discovered frequent intermissions; about two o'clock in the morning he was awakened by palpitations with cephalalgia, and could fall asleep again only towards five or six o'clock. Formerly he had been attacked with an obstinate tetter of the scalp, which had been treated by *Rob Boyveau Laffeteur*, and with alkaline baths, and at the beginning of the month of October, he had had a sort of attack of gout of the feet.

The precordial dullness is nearly normal; the apex beats outside of the line of the nipple, but the cardiac impulsion is strong; a rough systolic bellows sound, audible particularly about the apex; frequent intermissions; the patient complains of dyspnoea in ascending the slightest declivities; no precordial pains; pulse rather small.

The treatment consists in the use of *aconite* 6th, and *arsenic* 30th; one drop of *acon.* 6th, in three spoonfuls of water. one spoonful in the morning, the second towards noon, the third in the evening. The next day one drop of *arsenic*, 30th, in the same manner, and so on, alternating the two remedies from day to day. In the month of February, 1875, the amelioration was already very notable, but until

the month of April it underwent a period of arrest. I then administered *acon.* ^{3rd} and *arsen.* ^{6th}, a new amelioration, which continued until the middle of the month of June. The patient was much better; he believed himself cured; the intermissions were very rare, but the bellows sound, although much more soft, persisted; the cardiac impulsion was still quite strong; some gastro-hepatic phenomena having supervened, I substituted *lycop.* ^{30th} for *arsen.*, a treatment which the patient followed till towards the end of August. Then, feeling himself well, he suspended his visits till February, 1876. He then came to me quite scared, saying: "The tetter in my head has reappeared." There was indeed an eczematous scab on the top of the head, but on the part of the heart, no abnormal symptoms; the beats appeared to me still too strong. Prescription: *acon.* ^{6th}, the first day; *lycop.* ³⁰ the second day, and so on. In the month of April the eczema had much diminished; it annoyed the patient very little, who ceased all treatment. I saw him again a short time ago; there was still to be seen the trace of the eczematous incrustation, which itches from time to time. But of the cardiac affection, there remains no trace.

We had to deal in this case with a lesion of the mitral orifice. It matters little for the clinic to be precise, if there were rather insufficiency than diminution, or if there were even co-existence of the two lesions, which happens almost always, but the point the most interesting, was to find out what was the profound and distant cause of the malady: "Affections of the heart, says Dr. Joussett, professor of the medical clinic at the Homœopathic Hospital of St. Jacques, are almost always symptomatic; they belong in general to the rheumatisms, to gout, to hemorrhoids and to herpes." These are the ideas which have placed us on the course to be followed in the treatment of our patient; the principal medicine, *arsenic*, is adapted to the herpetic element; it is the great medicine for herpes.

Aconite resisted here the quick impulsion of the heart; it calmed the palpitations. *Lycopodium* has probably acted by virtue of following *arsenic*. "Lycopodium," says Dr. Hughes, "develops upon all the integument a chronic

inflammation, but more especially upon the hairy scalp." Nevertheless, it is a remedy too often lost sight of in cardiac affections; *lycopodium* is not only an anti-herpetic, but it is also very efficacious in many arthritic symptoms; on another hand, the action of this remedy in affections of the digestive tube is very marked, but it must not be forgotten that gastric sufferings may have painful reactions, functional or otherwise, upon the central organ of the circulation, through the medium of the cardiac filaments of the pneumogastric nerve.

OBSERVATION II. Mlle. X., aged 12 years; had been attacked at the age of 9 years with acute articular rheumatism, which had confined her in bed for more than six weeks. In the course of this disease leeches had been applied, and a blister over the præcordial region. Although restored from her rheumatism, she was suffering with very violent palpitations of the heart, especially when she hastened her steps, or when she ascended stairs. She had been treated for these palpitations by allopathic physicians, who had obtained little results, and who had finished by saying to the mother that it was useless to continue treatment. Her young daughter, they said, had an affection of the heart, the result of her rheumatism, but little by little this lesion would diminish; it would set up a sort of compensation, they had recommended that the patient should avoid all rather quick movements; she should be withdrawn the most possible from all exertions.

All treatment had then been discontinued for more than a year, and the palpitations instead of diminishing, were increasing as well as difficulty of breathing. Then the mother brought me her child the 21st of February, 1878. The cardiac impulsion was very forcible; the stethoscope was strongly elevated at each beat with a certain degree of purring; at first it was difficult to estimate the abnormal sound, because there were at the same time blowing sounds and friction sounds; an intense blowing whose maximum intensity was found near the apex of the heart, covered all the systole. The second sound was nearly normal; the clatterings, however, a little dull; the pericardiac friction resembled rather a sort of scraping. I diagnosticated an

endo-pericarditis with the principal lesion situated in the mitral valve. The mother said to me: "For a year the condition of my daughter has grown considerably worse; that is why I to-day apply to homœopathy."

Prescription: The first day, *kali hydriodicum* 3rd, one drop in three spoonfuls of water; one spoonful in the morning, one towards noon, one in the evening; the second day, *kali bichromicum*, 6th; one drop in the same manner; the third day, *spigelia*, 3rd, one drop—and so on, alternating the three remedies. At the end of a month there was already a certain amelioration. The treatment was thus continued till October, the patient growing better and better. There supervened then a delay in the improvement, for which *pulsatilla* 6th, administered the fourth day in alternation with the three other remedies, was the proper thing. The amelioration then made considerable progress, and in the month of May I ceased all treatment; the friction sound had totally disappeared, and the systolic bellows sound was scarcely audible. I have lately seen the patient again; the first sound remains a little dull, lightly blowing; no more difficulty in breathing; no palpitations.

Spigelia is a very important medicine in cardiac affections, particularly when they are of a rheumatic nature; it is peculiarly applicable in acute cardiac accidents which supervene in the course of acute articular rheumatism, alternated with *aconite*, it gives them the best results. In reference to endocarditis, which so often complicates acute articular rheumatism, and which has sometimes such fatal consequences, I have often asked myself what course ought the practitioner of the old school to pursue in this grave occurrence. Plainly, he ought to be in very great perplexity. Will he follow the counsel of Jaccoud or of Peter? Will he stand by the advice of Niemeyer or of the English physicians?

Let us take the advice of these recognized chiefs of the allopathic school. "Against the fever of articular rheumatism," says Peter, "you have seen me employ with *all* our patients, the *sulphate of quinine*. It is here a good medicine, preferable to all the doubtful ones. As for believing (many authors claim it however) that the *sulphate of*

quinine may be the cause of the development of cerebral accidents, it is an opinion as unjust as it is little sensible."

"Against the endocardiac manifestations," continues Peter, "I employ, after the example of Bouillaud, the revulsion local medication, which acts by reflex action upon adjacent organs, and by virtue of this a sort of harmony is restored between the containing and the contained." This is a very sad reason for justifying the cupping glass, leeches, blisters, etc.

"For my part," says Jaccoud, "after a great number of comparative trials (the poor patients!), I have settled for three years upon another method" (that of *digitalis*, which is the most in fashion).

The method of Jaccoud consists in the administration of *tartar emetic*, in large doses, in order to have not an "action contra-stimulating," but "an action powerfully evacuating." After eulogizing this beautiful method, which has given him, he says, the best results, Jaccoud adds: "*Calomel* in fractional doses, the application of the mercurial ointment over the region of the heart, have never given me the favorable results which the English physicians have attributed to them.

Do you see the perplexity of the practicing physician, placed between *quinine*, *digitalis*, *tartar-emetic*, and the different revulsions, then mercurial ointment, *calomel*, etc.? But let us consult Niemeyer: "If it is true," says he, "that the morbid indication (in endocarditis) calls for the antiphlogistic method, we ought here to remember anew that the greatest number of "antiphlogistics," and, before all, blood-letting, wrongly bear this name, although in inflammations, one may sometimes be forced to have resource to them. There does not exist, perhaps, any malady where blood-letting, ordered without particular motive, as well as the employment of *calomel* and the mercurial ointment "in order to diminish the plasticity of the blood, offer more *danger* than in endocarditis, whatever the French and English physicians may say about it; and we ought absolutely to stand by the advice of Bamberger, who thinks that most patients dying in the course of endocarditis itself, *have succumbed, not to the disease, but to the treatment.*

Even local blood-lettings ought to be applied only in cases where there exist pains in the region of the heart, and then we have mostly always to deal with some complication. For which there is finally the employment of cold, of which we make as large use in inflammations of internal organs as in those of external organs. We do not have resource to it in endocarditis, unless the exaggerated activity of the heart may make it our duty; we avoid it so much the more willingly, since cold, applied at the same time upon inflamed articulations, procures, according to our experience, only feeble and momentary ease in acute articular rheumatism. After this, if at the present day, the pleximeter and the stethoscope permit the recognition of more cases of endocarditis, which formerly would have escaped our diagnosis, the treatment, alas! is not more advanced; and, moreover, if the proof of the existence of this disease is to cause the physician to act with energy, *it would be better for the patient if his physician should not know how to auscultate.*"

What do you say of it: is it not the case of repeating with Petroz: "Poor physicians, poor patients!" This would be burlesque, if it were not sad!

How is it? Here is a physician, who ascertains the beginning of an endocarditis, an affection not only grave for the moment, since it may cause death rapidly, but certainly calamitous for the future, since it will be fatally followed by an organic affection of the heart, and allopathic therapeutics leaves its adepts in such an alternative: "Take digitalis," say certain authors. "No, it is tartar-emeti," exclaims Jaccoud. "It is the sulphate of quinine and the revulsives," sharply replies Michel Peter. "It is mercurial ointment and calomel," claim the English authors. "None of these remedies are good," says Niemeyer; with Bamberger "you would risk killing your patient; rather fold your arms; the patients who die of endocarditis in the course of articular rheumatism, succumb victims of the treatment!" Is it not lamentable?

DR. MARTINY.

(To be continued.)

HOW TO KEEP COOL AND HEALTHY.

One of the best plans is to pack a small trunk of necessities early in June, and with your wife and children, or lacking them, with some genial soul take passage on one of the cool steamers leaving for Minnesota three times a week.

Rest and change of scene and climate is what every one needs and should have every twelve months. On board a passenger steamer your vacation and rest begins at once.

The scenic change is constant, ever growing more interesting as the steamer ploughs its way through the bright water to the cool North.

The expense of such a trip is smaller than that of any other offered the public. Twenty-eight (\$28.00) covers all the outlay for the round trip; St. Louis to St. Paul or Minneapolis and return. Meals, stateroom, transportation and everything for a trip to and from health-giving Minnesota.

The Keokuk Northern Line Packet Co., every Tuesday, Thursday and Saturday start a sidewheel passenger steamer from St. Louis for St. Paul and intermediate points.

Round Trip Excursion Tickets at low rates are furnished at

114 NORTH FOURTH STREET.

Remember too, that return tickets via river, rail or lake can be had. The company publish a book called "The Upper Mississippi," for free distribution, giving full information as to routes, rates, etc. Call or address Fourth street office.

JAS. A. LYON, Gen. Pass. Agent.

*THE WAY TO THE SUMMER RESORTS OF
THE NORTH-WEST.*

Invalids and summer resort-seekers now acknowledge the Chicago, Burlington & Quincy R. R. to be the Old Reliable and only direct route for Minnesota's cool and refreshing lakes known as "The Iowa Route." This line runs Pullman Sleeping Cars through without change, and passes through the thickly-populated and improved portion of Illinois and Iowa, and enters Minnesota at Albert Lea, at which place tourists can enjoy a few days on the placid waters of Clear Lake, six miles distant from Albert Lea. Special inducements of the twin-cities Minneapolis and St. Paul and also Lake Minnetonka, with its large expanse of water and hotel accommodations attract the pleasure-seeker to enjoyments, surpassed by none of the summer resorts.

Excursion tickets are on sale at the headquarters of these famous resorts, No. 112 N. Fourth St., St. Louis. This line, the Chicago, Burlington and Quincy R. R., is also the direct line for all points in Colorado, Montana and California. Round-trip rate to St. Louis and Minneapolis, good till Oct. 31st., \$24.00.

PATHOMANIA.

BY J. T. BOYD, M. D.

Many writers use the words Pathomania, Oinomania, and Dipsomania, as synonymous terms, signifying the same disease; but there is a difference in all these diseases, while there is much in common. In all there is the insatiable thirst for alcoholic beverages.

In Dipsomania, as the word signifies, there is a *thirst* mania, or an inordinate desire for stimulants, without other emotions.

In Oinomania, or *wine* mania, as the word indicates, there is the same inordinate desire for stimulants, and an increased desire for sexual indulgence. The whole man is given up to sensuality.

In Pathomania, from *pathos*, a disease and mania, there is a morbid perversion of the natural feelings, affections, inclinations and moral disposition, caused by the habitual use of alcoholic beverages; or it may be inherited from parents who have been habitual drinkers of spirituous liquors.

As this is an inherited disease, as well as a disease produced by voluntary spirit drinking, it becomes very important to the practicing physician: First, lest he, by recommending the use of spirits to his patients, and thereby inducing the appetite that leads to this mania; and, second, because of its transmissibility, it renders the person *non compos*; and it then becomes a question in medical jurisprudence, that physicians, as adepts, may be called upon to decide the amount of responsibility that may be attached to the person guilty of a criminal act. Third, because that, if it is a disease, as it is now admitted by the best modern medical jurists, we, as physicians, should have well-defined views on the subject, and be prepared to successfully treat it.

In *pathomania* there is the morbid perversion of the natural feelings and affections. This is manifested every day. We see in our daily papers where the husband murders a fond and loving wife, the father murders his helpless child, and the mother destroys her beloved offspring; all while under the influence of this disease produced by spirituous liquors.

Like all other species of mania, the maniac imagines that his best friends, his wife and children that he loves almost to adoration, are his worst enemies, and become in his diseased imagination, his bitterest foes, on whom he wishes to wreck his vengeance.

John B. Gough, in a recent speech in Steinway Hall, said: "A man returned to his home one day drunk. His little son toddled to meet him with childish welcome. Had the father been sober, the child would have been clasped to his breast. As it was, he took up the little thing in his frenzy, and threw him through the window. There lay the little child amongst the stones and dirt and broken glass, covered with blood, with both thighs fractured. This horrible scene is but the natural effect of this vice of spirit drinking.

"Young man, if you wake up in the morning after a night's debauch, and cannot remember how you came to bed, or what occurred the previous night, go down on your knees, and thank God if you have not done some horrible thing that might be a miserable recollection for you all your life."

As this is the common effect of alcoholic liquors, it is then of the utmost importance that physicians should avoid administering this article, or favoring its use, lest he should sow the seed that may grow and ripen into some hellish fruit.

Dr. Rush, that good and conscientious physician, once remarked to a patient who wished to have his medicines given in spirits: "No, sir; no man shall meet me at the bar of God, and charge me with making him a drunkard, by giving him medicine in alcoholic liquors."

The united voice of the profession is against the use of alcoholic liquors as depressive stimulants.

Not long ago the papers mentioned a case where a father, while under the influence of liquor, seized his infant child, and dashed out his brains, and threw him into the fire.

A few years ago the "The American Medical Association" (Allopathic) passed the following resolution:

"Resolved, That the members of this Association shall

discontinue the use of alcohol as a stimulant in the practice of medicine."

The Medical Society of the State of New York (Allopathic) passed this: "*Resolved*, That, in view of the ravages made upon the morals, health and prosperity of the people of this State, by the use of alcoholic drinks, it is the opinion of this medical society, that the moral, sanitary, and pecuniary condition of the State would be promoted by the passage of a prohibitory law."

The Homœopathic Society of Pennsylvania passed the following:

Resolved, That we do *not* ask that the sale of whisky, brandy and malt liquors, etc., be allowed, *even for medicinal purposes*, and we recommend our fellow-citizens to insist upon the enactment of laws which shall prohibit the sale of any alcoholic liquors whatever, for such purposes, except pure alcohol.

How many drunkards have been made by the prescriptions of physicians? Surely the advancement of science and a more correct knowledge of the physiological and pathological effects of alcohol, should teach physicians to abandon a practice that leads to so much evil. How many infants sleep in death, from diseases of the brain, induced by the milk of the mother tintured with the alcohol, taken in the way of malt liquors to increase the flow of the lacteal fluids, no one can tell.

As before remarked, our daily papers are full of instances of crimes produced by the immediate effects of alcohol, and, as we shall see, the deplorable effects on the offspring of the habitual spirit drinker.

The second part of this subject was to investigate the transmissibility of the morbid effects in this disease. Science tells us that children inherit the bad as well as the good qualities of their parents. That the vices are transmissible. The son is very liable to become a drunkard at the same age that his father did before him.

The mental, physical, and moral influences and habits frequently determine the fate of the unborn child.

So well are these ante-natal influences known and recognized, that it is a question with writers on Medical Juris-

prudence, how much guilt attaches to a criminal whose ante-natal conditions have been so unfavorable to the development of a healthy being, mental, moral and physical.

"An eminent French surgeon took the trouble to inquire into the history and ancestry of a youth who had been admitted into an asylum under peculiarly sad circumstances, and this was the result:

"*First Generation.*—Depravity and drunkenness in the great-grandfather, who was killed in a tavern brawl.

"*Second Generation.*—Hereditary drunkenness, maniacal attacks, ending in general paralysis in the grandfather.

"*Third Generation.*—Sobriety, but hypochondriacal tendencies, delusion and homicidal tendencies in the father.

"*Fourth Generation.*—Defective intelligence. First attack of mania at the age of sixteen, thence transmission to complete idiocy. His two sisters became imbecile, but his mother's child by another husband was of sound mind."

(To be continued.)

Editor's Drawer.

PROF. J. A. CAMPBELL represented our College at the meeting, of the Indiana Institute of Homœopathy and reports it a grand gathering—not alone from Indiana, but from the adjoining States of Kentucky, Illinois, Ohio and Missouri.

THE MISSOURI INSTITUTE OF HOMŒOPATHY meeting at Hannibal on the 2d and 3d, was small, but full of talent, enthusiasm and *pluck*. Wonders will be accomplished next year, under the *regime* of its new president, D. T. Abell; and Sweet Springs with its June roses and healing waters, will advance our membership to a live hundred.

THE AMERICAN INSTITUTE.—We are getting ready to go. 'Tis a body of men we love to meet; and our chief wonder always is, why so many stay away? You who remain at home and make your excuses, and think you can't learn anything there, and that it is all managed by a ring of the eastern members, or that there is too much microscopy, or too much *flap-doodle* about the "Master," make, in our judgment, a very grave mistake. The brains of our profession in and out of the colleges, are always there, and no man ever attended without coming away a better and a wiser man, unless he was a disappointed office-seeker, and even *he* has, probably a correcter estimate of himself than he had before his defeat. Go then to the Institute and breathe the wholesome air of the northern lakes, and join in the "excelsior" movement for a better and purer Homœopathy—a better and purer *materia medica*.

REMOVED.—R. D. Valentine, M. D., from Canton, Illinois, to Vermont, Illinois.

CHAS. B. JORDAN, M. D., from Wadena, Minnesota, to Duluth, Minnesota.

S. S. SMYTHE, M. D., from Lawrence, Kansas, to Denver, Colorado.

FRANK SMYTHE, M. D., Eye and Ear Specialist, from Lawrence, Kansas to Kansas City, Mo.

DR. C. COUDEN, from Evansville, Ind., to Indianapolis, Ind. Address 553 N. Meridian st.

DR. W. JOHN HARRIS, of St. Louis, sailed on the 9th of June for London, on the Pennsylvania, from Philadelphia, to be gone about a year or more. He will furnish the REVIEW with "Notes from the London Hospitals." His wife and child accompany him, also the wife of Dr. Wm. Collisson, of our city.

THE AMERICAN HOMOEOPATHIC AND STATE SOCIETY will hold its fourth annual meeting in the parlors of the Newhall House, Milwaukee, Wis., beginning June 15. Papers will be submitted by leading specialists throughout the country.

H. C. HAUGHTON, Pres.

F. PARK LEWIS, Sec'y.

WE have received a paper on "Soil and Water pollution of Indianapolis," from Dr. Moses T. Runnels, which we shall publish. The same was read at the recent meeting of the Indiana Institute in that city.

SUMMER COMPLAINT IN CHILDREN.—The season of disaster among the infants is even now upon us, and the bulk of the physician's practice during the next few weeks will be in caring for the bowel complaint of children. Doubtless the vast majority of these complaints are directly traceable to errors in diet. The physiological fact is unknown to the vast majority of mothers, and is forgotten or disregarded by very many physicians, that the infant before it has its teeth, does not secrete saliva in sufficient quantity for the digestion of starch food, and the consequence is the general prevalence at this season of infantile diarrhoea. Cow's milk, next to that of the mother the most natural food for the child, very rapidly sours during this weather, unless greater precautions are taken than is generally possible, and it thus becomes a fruitful cause of trouble. What is wanted is a food which shall obviate the objection to both farinaceous or starchy preparations and milk. With such a food in the hands of mothers, disease and death among the children, at this season particularly, would be largely reduced. It remained for Liebig to prepare a formula for such a food, and many physicians can testify to its success. It is easy to understand, however, the difficulty in the way of preparing this food by the general practitioner, and it is with pleasure we note the fact that Horlick's Food for Infants, which is prepared after Liebig's formula, can now be had at most of the drug stores. We have found that little else is required in many cases of summer complaint, than to place the child on this food as its exclusive diet.—*Michigan Medical News* July, 1879.

THE ST. LOUIS CLINICAL REVIEW

PHILO G. VALENTINE, A. M., M. D., EDITOR.

VOLUME III.

ST. LOUIS, JULY 15, 1880.

NUMBER 5.

PATHOMANIA.

BY J. T. BOYD, M. D.

(Concluded from last month.)

Dr. W. A. F. Brown, in his work on Intemperance and Insanity, says:

"If these pages justify any conclusion, they tell this truth: that the evils of intemperance, as those of every other error and crime, stop not with the offender.

"Like the circles that surround a stone cast into the water, the taint spreads and widens, involving families and generations in its defects and disabilities, which they can neither trace, nor understand, nor resist.

"It consigns thousands of manly minds to premature childishness; it lowers the moral and intellectual tone of whole communities, and engrafts physical characters and infirmities upon races, which time and education, and moral and religious influences may long fail to efface."

Dr. Carpenter, in his work on alcoholic liquors, says:

"It is scarcely necessary to accumulate further proof in support of the assertion, that of all the single causes of insanity, habitual intemperance is the most potent, and that it aggravates the operation of other causes."

"We have now to show that it has a special tendency to produce idiocy, insanity, or mental debility in the offspring."

"That such is the case, is within the knowledge of all who have enjoyed extensive opportunities for observation."

Plutarch says "one drunkard begets another."

Dr. Caldwell, says:

"By habits of intemperance, parents not only degrade and ruin themselves, but transmit the elements of like degradation and ruin to their posterity."

Dr. Carpenter, when speaking of the minute quantity that may produce injurious effects, says:

"Let it be remembered that we have multitudes of cases in which the long continued agency of morbid causes, of comparatively low intensity, has proved to be not less potent in the end, than the administration of a poison in a dose large enough to produce its obviously and immediately injurious effects.

"Thus, a man who would be rapidly suffocated by immersion in an atmosphere of carbonic acid may live for weeks, months, or years in an atmosphere *slightly contaminated by it*, without experiencing any evil effects which can be distinctly connected with its influence; and yet *who will deny*, that the constant action of this minute dose of aerial poison is insidiously undermining his vital powers, and preparing him to become the easy prey of any destructive epidemic.

"Should we not, then, be running counter to all analogy, if we did not hold ourselves ready to admit that such a habitual departure from the regular play of the principal organs of the body, *as even the moderate use* of alcoholic stimulants tends to produce, must be likely to have remotely injurious results; and are we not justified in assuming a relation of cause and effect to exist, when we find such results occurring precisely as we should predict?

"'The little I take does me no harm,' is the common defense of those who are indisposed to abandon an agreeable habit, and who cannot plead a positive benefit derived from it."

We will not stop here to mention the common, ordinary symptoms of this disease or of chronic spirit drinking, as they are too well known; nor the different diseases that result from this pernicious habit; the complete degenera-

tion of all the organs and tissues of the body, the trembling limbs, the bleary eyes, the lack of co-ordination of the muscles, and the lack of muscular force, is too well known, and indicates the undermining effects that this acquired habit has on the wretched individual who is controlled by it.

It is with the mental and moral effects that we have to do at present, and the ante-natal conditions of the children of drunken parents.

The most important question to us as medical jurists is, the responsibility of the drunkard and his children when they commit crime.

THEIR MORAL RESPONSIBILITY.

This is a question that will yet have to be examined *de novo*, and probably a different conclusion arrived at than that at present held.

From the earliest writers on law, down to the present time, we learn that drunkards have been held responsible for their acts, because they acted voluntary in becoming drunk.

Lord Coke says:

"The drunkard is *Volentaries Daemon*, and whatsoever ill he doth, his drunkenness shall aggravate it."

And Taylor in his more recent work on Medical Jurisprudence, declares that "the drunkard must be held responsible for his crimes, or else men when about to commit crimes would first become drunk."

While this is the established principle in law, yet it does not follow that it is correct; for there is lying under this condition, a basilar or foundation principle, that should first be examined, and that is, is the confirmed and habitual drunkard *compos mentis*?

To examine this question, it will be necessary to inquire into the physiological and pathological effect of alcohol on the mind.

Dr. Channing says:

"Intemperance is the only vice in the dark catalogue of man's offenses against the will and word of his Maker, which directly assails the citadel of human reason, destroying the power to choose between good and evil, renders the

being, whose similitude was originally divine, no longer a moral agent, but a mere idiot in purpose and animal in action."

Dr. Hutchinson in his report of the Glasgow Lunatic Asylum, says:

"The patient is incessantly under the most overwhelming desire for stimulants. He will disregard every impediment; sacrifice comfort and reputation, withstand the claims of affection, consign his family to misery and disgrace, and deny himself the common necessities of life, to gratify his insane propensity, and unless secluded, absolutely from all means to gratify this propensity, the patient continues the course till he dies or becomes imbecile."

A report was made to the British Parliament a few years ago, by a large number of eminent physicians, and this report says: "Intemperate parents according to high medical testimony, give a taint to their offspring even before its birth, and the poisonous stream of ardent spirits is conveyed through the milk of the mother to the infant at the breast, so that the fountain of life through which nature supplies the pure and healthy nutriment of infancy, is poisoned at its very source, and a diseased and vitiated appetite is thus created, which grows with its growth, and strengthens with its strength, increasing weakness and decay."

Dr. S. S. Howe in his report to the Massachusetts Legislature, says: "Of the habits of the parents of 300 idiots, 145 was known, nearly one-half, and *they were represented as habitual drunkards.*"

"Such parents give a weak and lax constitution to their children, who are consequently deficient in bodily and vital energy, and predisposed by their very organization, to have cravings for alcoholic stimulants. Many of these children are feeble and live irregularly."

"Having a lower vitality, they feel the want of some stimulation. If they pursue the course of their fathers, which they have more temptation to follow, and less power to avoid than the children of temperate parents, they add their hereditary weakness, and this they leave to their children after them."

From the consideration of the foregoing, we can better determine the responsibility of the criminal; with such ante-natal influences, or born under such unfavorable conditions.

Dr. Ray in his work on Medical Jurisprudence, says: "The whole theory of English law in regard to drunkenness is founded on the policy, that because the act of drinking is voluntary, the person is responsible for whatever it leads him to commit.

"An act that unintentionally leads to the commission of crime, is thus confounded with such as are deliberately designed to have this effect; the distinction being utterly overlooked, between what the law calls *culpa* (fault), and *dolus* (intentional crime). It is difficult to conceive why such a confusion of moral and legal distinctions should be *not overlooked*, but actually acknowledged and defended even at the present day.

"An essential element of crime is *previous intention*, and unless the criminal act is accompanied by wrong intentions, the author thereof is regarded by the law of all civilized nations, even by the English law, except in a few cases, as guilty of *culpa* not of *dolus*.

"We are not satisfied that there should be an exception to this principle in the case of drunkenness."

"The doctrine of common law would have a shadow of support, if drunkenness were really a crime of some magnitude; but it is not so regarded by the laws of England, and in most parts of this country it is no crime at all."

"The free, unembarrassed use of the reasoning powers is *essential to responsibility*, but while the contrary condition of these powers, in insanity, absolves its subjects from the legal consequences of crime, it is not permitted to have the same effect when produced and accompanied by drunkenness."

"It does not seem to be a sufficient reason for this distinction, that in the latter case the loss of moral liberty, is the voluntary act of the party, while in the former it is the effect of disease."

"In the first place, the only object that the drunkard has in view, is animal enjoyment; for the loss of his rea-

son, though a certain result, is not the motive for his indulgence; and, secondly, the very insanity, which is admitted in excuse for crime, may be, as in a very large proportion of cases it really is, the result of habits of drunkenness, in which the party has voluntarily persisted.

"Where the moral guilt is very nearly, if not precisely, equal, it seems unjust that the legal consequences should differ so widely, as they do, in regard to criminal acts, according as they are committed under the influence of drunkenness, or of that of insanity, which may be one of its direct results."

Dr. Drake, in an article in the "American Jurist," says:

"I would ask whether the Court and jury have a right to travel behind the testimony which establishes the insanity, to inquire into its causes, and to estimate the culpability of the *non compos*, not by the degree of alienation, but the criminality of the causes?"

"I think that they have no such right. But if it is correct for them to do it in one case, it is equally so in all others, and whenever insanity is offered in defense, its cause should be ascertained, and made to determine the guilt of the accused.

"This, I apprehend, would be a new principle in jurisprudence.

"Let us look at the practice to which it would lead."

"Delirium tremens is sometimes the consequence of the use of opium, and frequently from daily stimulation with ardent spirits, *without their being ever taken to the extent of intoxication.*

"Now all the acts of a *non compos*, from either of these causes, must be pardoned, because there is nothing criminal in such a use of stimulants; moreover, drunkenness itself is not unlawful; and, therefore, cannot impart a character of criminality to the actions of him in whom it may excite insanity.

"There are, however, many other causes of this malady, which are criminal, such as gambling, duelling, and prostitution, all of which should be inquired into, and when found real, must, if the principle is adhered to, be made to impart criminality to the actions of the *non compos*. But

this, I venture to assert, was never done in any country. The truth is, that the immunity from punishment results from the insanity itself, and not from the nature of the cause which produced it."

We now come to the third part of our subject. All the writers on Jurisprudence admit that it is a disease, and you see some even regarding it as a sufficient cause to exempt the criminal from punishment. Why then is it not treated as a disease by physicians?

The excuse is that the drunkenness is voluntary. Yet we do not refuse to apply remedies to other diseases contracted by the voluntary act of the individual. Would we pass the drunkard by, and say it is his own folly "he has sown the wind, let him reap the whirlwind."

TREATMENT.

My paper is already too long, and I must condense only part of the subject.

The first thing for the person addicted to the use of spirituous liquors, is to stop at once this pernicious practice, which is the cause of the disease.

The food should be strictly farinaceous, no flesh used, but milk or cream may be used *ad libitum*.

Dr Charles Napier says: "Dipsomania is relatively under the control, when a farinaceous diet is employed.

Among the articles which are specified as antagonists to alcohol, are maccaroni, haricot beans, dried peas, and lentils, well boiled and seasoned with butter or olive oil.

The carbon thus ingested renders unnecessary, and before repels, the carbon in alcoholic beverages. Considered drunkards and those brought to death's door by their habits have been fully cured by a proper farinaceous diet."

Change of place and associates assist very materially in the cure, by lessening the temptations.

For the nervousness (jactitation), bromide of calcium or bromide of potassa may be useful.

Useful remedies when their indications are present; so also *china*, *phosphorus*, warm baths, etc.

With proper hygienic and medical treatment, most of these cases can be cured, without being incarcerated in a lunatic asylum or sanitarium.

The patient must exert *what little will-power* remains, and by proper moral, mental and medical treatment, carefully and persistently pursued, a large number of wretched drunkards could be restored to their families and society, and the criminal class very much reduced.

AN OVERDOSE OF COFFEE.

BY N. F. CANADAY, M. D., HAGERSTOWN, IND.

(Read at the Fourteenth Annual Session of the Indiana Institute of Homœopathy, Indianapolis, Ind., May 26, 1880.)

L. P., age two years, boy. Was called to see this little patient—supposed to have dysentery. Found him lying on his back in his crib, with his lower limbs drawn up; pulse 140; tongue coated brown; high fever; great restlessness and thirst, and apparently suffering a great deal of pain in the bowels.

Stools small, frequent, slimy and bloody. Could not ascertain any special cause for the attack. Prescribed *aconite* and *merc. viv. 2^x* alternately, every hour. Next day found the patient worse in all respects. Some coffee-grounds passed off with the stool.

His mother had noticed something protruding from the anus that looked like coffee-grounds that would not pass out, and upon investigating her pantry found about half a pound of roasted coffee missing, and she supposed the child had ate it while she was busy with her work. Gave a tablespoonful of castor-oil and awaited the result.

Next morning found the patient getting worse. Stools small, more frequent and bloody; delirium and great prostration.

Patient had every appearance of a fatal sinking soon, unless a favorable change took place. I decided at once to introduce my finger into the anus, and try if I could ascertain anything more about the case, when, to my surprise,

I found a plug of coffee about an inch and a half in diameter, and four or five inches in length, packed in the rectum.

I proceeded to break it up and remove it, piece by piece, until it was all removed, causing the child the most excruciating pains. I then gave the child *acon.* and *bell.* 2^x alternately, every two hours. He entirely recovered in about a week.

The coffee was so firmly packed together that the bowels seemed to have no tendency toward dissolving or softening it so it could pass away; and had I not discovered the condition and removed the coffee, I do not think the child would have lived two days longer. And I do not think that any therapeutic agencies alone could ever have cured this case.

The stools were frequent, but were passing around this plug of coffee. This was calculated to deceive any one of the true pathological condition of the case. I found no symptoms of coffee poisoning, except the few symptoms mentioned, and I think they were principally due to irritation of the rectum by the presence of the coffee.

I make a short report of this case on account of its being of very rare occurrence (with me at least), and it may be of some benefit to some one who may meet with a similar case in the future.

TO PREVENT DEVELOPMENT AND DIS- SEMINATION OF INFECTIOUS DISEASES.

BY G. W. BOWEN, FORT WAYNE, IND.

Read at the Fourteenth Annual Session of the Indiana Institute of
Homœopathy, Indianapolis, Ind., May 26, 1880.

Without designing to trench on the domain of medical legislation, a few suggestions will be offered on the above subject.

It might seem to be an abridgment of personal liberty for a State or municipal authority to interfere in a person's

private affairs—of how he should care for his family—but where a deficiency or lack of judgment is liable to result in a great detriment to the public at large, prudence, if not common sense, would dictate that the few had better suffer from judicious interference, than that the many should be afflicted by indifference and neglect of prudent care.

It may be proper to protect those who are grossly ignorant of the first rudiments of sanitary science from themselves, or in other words, save those who are incapable of saving themselves.

It is generally the fact that in all dangerous or infectious diseases, the generation of heat or fever, is one of the principal factors, and is one that requires special attention from the medical attendant to keep under control, and facilitate a most favorable termination to the diseased action.

Heat disseminates and causes an easier diffusion of those products which the diseased system is so prone to generate and cast off, whether they may be sent out from the skin, lungs, bowels or kidneys.

This process of elimination goes on constantly, but it is carried on more rapidly at some stages and in some conditions than in others. More marked does this diffusion take place in a hot, close room, than at any other time and place. Still more deleterious and infectious does this hot room become, if it should (as is frequently the case), be occupied by others to contaminate it by depriving it of its oxygen and add to it their own effete contributions.

Congelation stops, and effectually, disintegration. Heat causes and facilitates decomposition; hence, it is easy to comprehend that if the temperature can be lowered, we prevent the diffusion of infection. Why not?

If the temperature of the outer air or atmosphere is sufficiently low as to aid in the reduction of the fever, and prevent the combustion going on, why not utilize it in the treatment of all those cases that tend to carbonize or deoxygenate, especially when it is so convenient and so prompt to come to our assistance. There certainly need be no fear of ill-results from its absorption during a state of low temperature. Could the temperature be kept down by atmospherical influence, half of the trouble experienced by the physician

would be taken from his hands, and more efficient application of proper remedial measures could be brought to bear for the removal of the cause productive of the disease, and reasonably better results would be obtained.

If in all those cases where there was or would be danger of contamination by contact or diffusion, the temperature was reduced and retained at forty-five or fifty degrees, no danger could exist for those present or for those who may chance to call.

If fear or parsimony prevents any (where danger to others may exist) from giving free access to pure air and a judicious amount of light, then it should be the duty in justice to the community that municipal or State authority should see that it is done.

Too often such cases occur in families that know not their own danger, but become fearful for the loss of the caloric they have so patiently elaborated by combustion from the poorest material, and fearful lest the poor fevered one might contract a cold if the slightest amount of air should be admitted, and so often keep themselves half smothered to eventually bring death to the loved one and disease to themselves.

Such a place may become a charnel-house or a *focus*, from whence virulent infection may be developed and disseminated, and prove almost a national calamity.

Official authority should here be interposed to prevent ignorance or cupidity from furnishing food for death.

Many cases could be cited and reference quoted in support of this proposition, but your time is too valuable to listen to their recital here.

My impressions are that much good might be accomplished towards the prevention of feculent formation and accumulation, and many lives eventually saved, if by some legislative enactment, printed directions regulating the temperature (accompanied by a thermometer), would be furnished, and some compulsory measures brought to bear to compel the admission of pure air where there is danger of infection.

Then, and then only, can that mass of mankind that take no heed, be made to comprehend the added value that lies hid for them in sunshine and water.

ABDOMINAL FIBROID—EXCISION AND RECOVERY.

BY WM. D. FOSTER, M. D., HANNIBAL, MO.

(Read at Hannibal, Mo., June 3, 1880, before the Missouri Institute of Homœopathy.)

HISTORY:—Mrs. R., æt. 24, German, married; mother of four children; came to me for advice November, 1879. She stated that her general health is now and had always been good; that about four years ago a small enlargement under the skin appeared just inside the anterior superior spinous process of the left ilium—about the size of a walnut when first noticed. It was very hard, not painful nor sensitive to touch, and caused no inconvenience whatever. From that time it continued to grow steadily in size, and now projects horizontally across to within half an inch of the mesian line of the abdomen. The tumor is hard, not sensitive to pressure, and is attached to the crest of ilium by a moderately broad pedicle. The tumor moves about very freely, except at point of attachment, which seems very firm. This lady has consulted several physicians. This enlargement has been pronounced a rupture and treated with a bandage—it has been painted with *iodine tinct.*, and she has been advised to take bromide of potassium in large doses to cause its absorption.

The menstrual function has always been normal. Her mother died of cancer of the breast.

DIAGNOSIS:—Fibroid.

Advised its removal with the knife. Am of opinion that the tumor is wholly exterior to the peritoneum, and taking into account its mobility, am further of opinion that the tumor is not attached to the peritoneum. This lady very sensibly consented to assume the present risks of danger rather than wait for their multiplication.

JANUARY 26, 1880—12 NOON.

OPERATION:—The patient was placed upon a table in front of a good light and brought fully under the influence of chloroform by Dr. Chamberlain, who was present with Drs. Hearne and Waelder. Incision four inches in length

in direction of fibers of Ext.; oblique at a distance of about two inches from the crest, down upon the tumor, cutting through fasciæ and muscles at one sweep. The tumor is found to be pear-shaped. Carefully separating it from its attachments by a touch of scalpel handle and fingers, until approaching its deep distal extremity, it is found to be closely and intimately adherent to the peritoneum. Careful efforts to separate the tumor from this delicate membrane, without injury, proving unsatisfactory, I reflected that a clean cut would be less likely to cause trouble than a bruised, lacerated wound, and therefore cut away by a clean sweep of the knife a segment of the peritoneum, circular in shape, of considerably larger size than a silver dollar; thus freeing that part of the tumor attached to this membrane. At this stage of the operation a sudden attempt at vomiting forced a great mass of intestines out through the opening. These were carefully cleaned from any foreign substances and returned into the peritoneal cavity. Carbolized sponges were introduced to absorb the blood; and the tumor rapidly dissected out from its attachments and the pedicle severed. Three vessels bled pretty freely—two were closed by torsion and one ligated. The cavity was now thoroughly cleaned with fresh sponges saturated with a 20 per cent solution of carbolized water; the edges of the wound were approximated and secured by six needles passed deeply, entirely through all the textures divided, fixed by a figure 8 silk suture connecting all together. Patient put to bed and warmly covered. Rallied well from the anæsthesia; four hours subsequently she was attacked by severe pains in *right* side of bowels, which was probably owing to flatulence and the disturbed arrangement of the intestines. Promptly relieved by hypodermic injection of *morph.*, gr. 1-3.

9 p. m.—Comfortable; had a short sleep; passed a small quantity of urine; drew off with catheter four ounces.

From this time on there were no symptoms of note. The bowels acted naturally on the sixth day and at the end of fourth week she was able to sit up.

This lady did not menstruate in January, and is now in her fifth month of gestation. Her regular menstrual time was January 15th.

The only comment worth mention is the fact that the diagnosis was erroneous as to the peritoneal attachments. The tumor was fibroid and weighed about eighteen ounces.

*THE AMERICAN INSTITUTE SESSION AT
MILWAUKEE.*

The thirty-third annual session of the American Institute of Homœopathy convened in Milwaukee, Wis., on Tuesday, June 15th, in the Court-house. The Institute was called to order at 9:45 A. M., and prayer was offered by Rt. Rev. Bishop Welles, of Wisconsin. Addresses of welcome were delivered by Hon. T. H. Brown, Mayor of Milwaukee, and Professor Danforth, on behalf of the Wisconsin Homœopathic Medical Society and the one hundred and seventy-five homœopathic physicians of the State,

The annual address was then delivered by Professor T. P. Wilson, M.D., of Ann Arbor, Michigan, President of the Institute. In his opening remarks he said that "since the organization of this society, one-third of a century ago, a generation of men has passed away, and we of to-day are but the lawful heirs of the noble men who founded this organization. Men die, but principles remain, and the truth lives on forever." He offered "words of cheer to the veterans who yet remain with us, who, in their distant homes, are looking with anxious eyes upon our proceedings, recalling, perhaps, those early days when they watched over the cradle of our cause, and rejoicing that over us all still floats the unsullied banner of Similia." The speaker mentioned two facts which hide from our eyes the real progress we are making: the cessation of hostilities that were formerly waged against us, and the fact that our work has become so widely distributed.

Before concluding, the president also urged the necessity of prompt and decisive action to secure a due representation of the homœopathic profession in the medical department of the army and navy. He closed with an impressive tribute to the departed heroes of homœopathy: "I would lay a loving chaplet on the brow of all who are sleeping in yonder graveyards. I would exalt their virtues,

and brighten the memory of their heroic deeds. I do not fear that they have perished, or that they will ever cease to be."

The regular business of the session was then taken up. The Secretary, Dr. J. C. Burgher, of Pittsburg, submitted the report of the chairman of the Publishing Committee, which showed the work to be in a backward condition. Dr. McClotchey asked to be relieved from duty on account of ill-health, and had at last been obliged to transfer his duties to Dr. Joseph C. Guernsey, of Philadelphia.

The Treasurer, Dr. E. M. Kellogg, of New York, submitted his report, which was referred to the Auditing Committee. It shows a cash balance on hand of \$3,664.15.

At this point in the proceedings, Dr. Berridge, of England, being present, was invited and took a seat on the platform.

The report of the Necrologist, Dr. Paine, of New York, was read and referred. There have been nineteen deaths reported to the Institute during the year.

The Bureau of Organization, Registration, and Statistics reported through its chairman, Dr. I. T. Talbot, of Boston, the following statistics: The most reliable register contains the addresses of 6000 homœopathic physicians in the United States, of whom 839 are active members of this Institute. The Western Academy has 150 members, and meets annually. There are 23 State societies, of which 17 are incorporated, with a total membership of 1,859, of which 183 were added and 28 died last year. Of 89 local societies, 63 report to the bureau 1,632 members.

The medical clubs are partly social and partly professional in their character. Six of these have 100 members.

34 homœopathic hospitals are established. 25 of these report 1,505 beds occupied by 14,913 patients, 8,455 cured, 2,864 improved, 349 not improved, 355 (less than 2½ per cent.) died. The cost of 25 of these hospitals has been \$1,189,175; debt \$85,000; funds \$41,206

Of 29 dispensaries, 22 report 103,577 patients treated last year, with 221,803 prescriptions, at an average cost of 5½ cents per prescription in conducting the dispensary.

Eleven colleges, all in good standing, have had 1192 stu-

dents and graduated 387 the past year. The alumni number 4822, and the instructors 159. The cost of establishing five of these colleges has been \$230,000. Two special schools, ophthalmic and obstetric, have had 26 students, 18 graduates, and 182 alumni.

Sixteen journals are published in the United States; 4 quarterly, 10 monthly, 1 every two months, and 1 semi-monthly. These publish 22,250 copies, 700 pages, monthly, or 8400 yearly. One library association, one publishing society, and one homœopathic insurance company. All are in successful operation.

The Bureau of Anatomy and Physiology presented a paper by Dr. William E. Spaulding, of Massachusetts, on "The Sphincter Tertius," which was read, and afterwards discussed by Drs. Owen, J. H. McClelland and George A. Hall, the latter doubting its existence.

The Bureau of Psychological Medicine presented its report and papers, as follows:

"Transitory Fury," by S. Lilienthal, M. D., of New York. As this paper had been already published, it was not re-referred for publication. Dr. H. H. Hoffman, of Pittsburg, mentioned a case of the disorder referred to, occurring in the practice of Dr. C. P. Seip, of Pittsburg. The patient, from apparent health, passed into a paroxysm of intense mental excitement, requiring force to restrain him. This lasted some hours. It was followed by heavy sleep, continuing 10 or 12 hours, and the patient then awoke to perfect health, and there has been no return of the disorder, and no recollection of the occurrence.

Dr. George F. Foote, of Stamford, Conn., read a paper on "The Causes and Prevention of Insanity, Inebriety, and the Opium Habit," taking the ground that the natural senses and instincts of the organism, if not impaired by abuse, will effectually prevent those forms of disease which are due to indulgence, and resist the invasion of many morbid matters and influences.

Dr. T. L. Brown, of Binghampton, N. Y., presented a paper, entitled, "Morbid Vision." The author called attention to the fact that the condition of the brain and its relation to the quantity and quality of blood seem to con-

trol the phenomena of normal and morbid vision. The open air, well-ventilated rooms, strictly physiological food, exercise and sleep are conducive to correct vision. In the spiritual circle, held in a closed room, where bed-quilts and blankets are placed over windows and doors to keep out light and oxygen, and keep in carbon, the blood of each person in the room is carbonized, and the feeble-headed, small-chested medium, after hours of breathing the impure air, declares she sees her dead aunt or grandmother in the darkness. An open door destroys the vision by purifying the air. The well-ventilated churches of this day have done away with the excitements of the revival, and they are now practically a failure, because the inmates are clear-headed in the pure air, and can think and act rationally. (The doctor was just for the moment somewhat disconcerted when a delegate suddenly interjected the question, "How about camp-meetings?"—a question which excited some laughter at the reader's expense.)

A paper on "Phimosis in its Relations to Insanity," was presented by S. H. Talcott, A. M., M. D., Medical Superintendent of the New York State Homœopathic Insane Asylum at Middleton, N. Y., embracing four interesting cases treated by surgical and homœopathic measures.

In the discussion which followed, Dr. Owens, of Cincinnati, said that there are hundreds of cases of phimosis without any attendant mental aberration. In Dr. Talcott's first case there was hereditary predisposition, and he thought this factor or masturbation or some other cause is frequently associated with the phimosis to produce insanity. Dr. O. S. Woods, of Omaha, corroborated Dr. Owens. Dr. McClellan did not understand the paper of Dr. Talcott as implying that phimosis always results in insanity.

The Institute then took a recess until 8 P. M.

Evening Session.—The business opened with the reports of delegates from several State and county medical societies.

The Bureau of General Sanitary Science, Climatology, and Hygiene was then taken up, and Dr. B. W. James, of Philadelphia, acting chairman, called on Dr. D. H. Beckwith, of Cleveland, who read a paper on "Quarantine for

Refugees Exposed to an Epidemic of any Kind by River, Railroad, or Wagonway." He gave a history of the spread of epidemic cholera throughout the principal cities of Ohio, from a single case landed from a steamboat in Cincinnati, from which more than 6000 persons perished, and based an argument in favor of inland quarantine thereon. The greatest good to the greatest number was the correct rule, even if it did separate families and spread financial bankruptcy. The government should be empowered to compel States to establish quarantine, and stop railroad trains, steamboats, etc. Refugees from infected districts should be taken to hotel quarantines, kept for a suitable period, placed under the best possible sanitary regulations, and, upon leaving, be provided with new clothing; the infected garments being destroyed. He entered somewhat into the detail of the sanitary management of these hotel quarantine stations. The work of quarantining refugees should be under the control of the General Government, and its officials should be men learned in sanitary science.

Dr. Bushrod W. James read a synopsis of a paper on "The Cordon Sanitaire," by Dr. R. E. Caruthers, of Pittsburgh; also one by Dr. M. S. Briry, of Bath, Maine, on "National Quarantine, Including that of the Seacoast." Dr. Briry spoke of the old Jewish quarantine against leprosy as consisting merely of isolation, and gave statistics of quarantine work. He mentioned instances of the transportation of the poison of cholera over thousands of miles in packed clothing, the unpacking of which was sufficient to originate an epidemic. He does not think this peculiar form of poison is transported very far by atmospheric currents.

The chairman then read a paper from Dr. L. A. Falligant, of Savannah, Georgia, on "Sanitation and Location of Quarantine Stations." Quarantine was not a cure for disease, but the means of preventing its spread, and its weight, therefore, fell upon the individual. The sick must be taken beyond the power of doing harm to the well. The site for a quarantine should be in a healthy place, so that the lives of the sick should not be endangered by their isolation. The generally prevailing winds also should be

taken into consideration; a site should be selected, if possible, where the wind would neither blow miasma to the hospital, or the poisonous germs of the hospital to the dwelling-places of the healthy. In regard to distance, while it might be safe to locate a small-pox hospital one mile from human habitations, the yellow-fever hospital should be not less than five to ten miles off; this poison being peculiarly liable to be transported for long distances upon atmospheric currents.

Dr. B. W. James then read his own paper on "International Quarantine, Including the Seacoast." He spoke of the difference in the quarantine laws of different nations, which he deplored. The remedy, he thought, must come through the United States, whose coast line was so vast that a rigorous enforcement of wise sanitary and quarantine laws would attract the attention of the world, and make an example which would be followed. He gave a history of the endeavors of France to establish an international quarantine in Europe to prevent the spread of Asiatic cholera. He looked upon the International Sanitary Convention to be held in Washington as of vast importance, and hoped the golden rule would prevail in this congress of nations, but thought the example set by the United States would do more toward the establishment of a code of international quarantine laws.

The subject treated of by the bureau was then opened for discussion, and Dr. Dake, of Nashville, gave a history of the yellow fever scourge in Memphis. He argued that the disease was only spread by actual contact, and the germs were not conveyed in the air. In proof of this he cited the history of the yellow fever epidemic in New York, which had been confined to one part of the city by running a high board fence from river to river across the island. Dr. Bowen, of Fort Wayne, contended that infected clothes should not be destroyed by burning, as the disease was spread in the heat and smoke. Dr. Verdi, of Washington, said the clothes should be baked in ovens, the intense heat destroying the germs of the disease without destroying the clothing, which was an item with poor patients. Dr. Taylor, of Indiana, criticised the idea that the

government should supersede the State authorities in the matter of quarantine. Dr. Verdi, of Washington, spoke against the doctrine of State rights bearing on this question, because the interest was an open one. He spoke of the shot-gun quarantine as revolution. It was impossible to stop any epidemic without a single and leading authority to direct operations. He defended the National Board of Health against the charge of interfering with local health authorities, and showed that, on the contrary, that board had, during the last year, given \$150,000 to enable these local boards to carry out their own regulations. Dr. Pettet, of Ohio, spoke in favor of the use of superheated steam to disinfect clothing, as a dry heat to destroy the germs of disease would char and consequently destroy them. Dr. J. E. Smith, of Cleveland, had been through two yellow fever epidemics, and contended that fear of the disease was a potent agent for its spread. The problem to be settled was, how to prevent the disease?

Dr. Bushrod W. James, of Philadelphia, offered the following resolutions, which were adopted:

Resolved, That the President appoint two delegates to represent this Institution in the next meeting of the American Public Health Association.

Resolved, That this Institute appoint delegates to present the views of this national body to the International Convention called by the United States Government; and if delegates are admitted to its proceedings from medical and other scientific bodies in this country, then our own delegates to be supplied with credentials to present to that body, and the delegates thereupon ask admittance to take part in the proceedings of the International Conference appointed to be held at Washington. !

The institute then adjourned until 9:30 o'clock the next morning.

SECOND DAY—*Morning Session*.—The Secretary read the statistical reports from the various medical colleges, showing all these institutions to be in a flourishing condition.

The Special Committee, consisting of Drs. H. C. Allen, J. P. Dake and J. C. Burgher, appointed yesterday to consider the report of the chairman of the Committee of Publication, made a report concerning the delay in the publication of the *Transactions of the World's Homœopathic*

Convention, and of the session of 1879. They recommend that the work be committed to the hands of the ex-Provisional Secretary, Dr. Joseph C. Guernsey, of Philadelphia, with instructions to bring them out as soon as possible. The recommendation was adopted to cost \$700.

The rules of order were then suspended, and Dr. E. W. Berridge, of London, England, read an address to the Institute on the subject "How Can We Best Advance Homœopathy?" In introducing his subject, he said:

"It cannot be denied that homœopathy has not advanced, and is not advancing as rapidly as we could desire, nor as rapidly as we once had just and reasonable grounds for expecting it to advance. In the United States, where it has taken firmest root, and where its spreading branches most widely overshadow the land with healing in their leaves, the old school is yet triumphant in point of numbers. In Great Britain we have but 275 avowed homœopathic physicians, and this number includes not a few who have not the slightest claims to this honorable title; and while there are many colleges and universities empowered by state to grant degrees in medicine, we have not one legally recognized school of homœopathy. On the Continent matters are in the same unsatisfactory condition. More than forty years have elapsed since Hahnemann penned the fifth edition of his *Organon*; more than eighty since he first announced the law of Similia, and yet how little fruit has his life-work borne in comparison with what should have been. Why is this? To what causes are we to attribute the fact that the profession and the public have not more universally accepted homœopathy?"

"There are those nominally amongst us who have a stereotyped answer to this question. Hahnemann, they say, was too dogmatic, too uncompromising, too visionary; and as a panacea for all the unbelief which now pervades the allopathic mind, they recommend that we should give up what they call our 'sectarian attitude,' that we should drop and disavow the name of homœopathy, that we should repudiate as untenable that which they term the extravagances of Hahnemann, such as his doctrine of chronic diseases, etc., and finally that we should claim for Similia Similibus Curantur, not the position of a universal law, but only that of a very good and useful rule of practice to which there may be many exceptions. Do not let us be mistaken in this matter. If we wish the old school to amalgamate with our own, it will never be effected by compromise. Truth has no occasion to descend from her lofty eminence and ask permission to be heard. . . .

"Such has been the effect of our wavering upon the minds of our allopathic brethren, what effect has it had on ourselves? Ever since that fatal error was committed by one whose memory we nevertheless hold in honor, of proclaiming 'absolute liberty in medical opinion and action,' a change for the worse has taken place in our own ranks. Ever since that time the name of Carroll Dunham has been held to sanction every kind of empiricism. Forgetting that he himself in his teaching and practice was a true Hahnemannian, men have eagerly

caught at his well-intended, though mistaken, perhaps misunderstood, words, and ever banded themselves together to overthrow those that remained true to the teachings of the master. I need not recount the various phases of the struggle, they are all well known to you, suffice it to say that the crisis is past, and convalescence has commenced. There are indications both here and in my own country of a desire to return to a purer faith and a truer practice. How can we best accomplish that great work? How are we to advance homœopathy, and render it the sole and universally received science and art of therapeutics. The great error of the present race of homœopathists is their neglect to study the *Organon* of Hahnemann, and it is to this great work, the very Bible of Homœopathy, that I especially desire to call your attention. I do this with the more earnestness because I find there are so many who have never even read it, much less studied it. 'The *Organon*,' they say, 'is full of Hahnemann's theories.' Leave out the theories, then; Hahnemann merely gave them for what they were worth, as the best explanation he could give of certain facts. His theories were based upon his facts, not his facts upon theories. . .

"Was there only one utterance that I could make during this visit to your mighty continent, it would be 'Study the *Organon* of Hahnemann.' It is not as a blind bigot, or a fanatical enthusiast, or a mere hero-worshipper, that I urge these matters upon your attention. I am as ready as any man to worship a hero, but his right to the title must be first demonstrated to me. Since I first discovered how I was misled in early days by teachers, and taught to believe implicitly much that reason and maturer judgment have compelled me to reject as fallacious, I have become skeptical in all things, and require absolute proof before I accept a statement as absolutely true. And my absolute and unwavering acceptance of the truth of the practical teachings of Hahnemann is based upon experience. It is now eighteen years since I first commenced the study of homœopathy; I have compared it with allopathy and with eclecticism. I have tested it in the most severe acute diseases threatening life, in the most chronic and inveterate diseases which had baffled all other treatment, and in incurable cases when only euthanasia was possible, and I have never once found Hahnemann's teaching to be wrong. Nay, more, though Hahnemann's faithful followers have made many discoveries in the same field in which he labored, so vast was his insight, and so profound his genius, that there is scarcely a single therapeutic discovery of modern times, of which you will not find at least the germ in his writings.

"Hahnemann's system is the true, the only science of therapeutics, and if my words will persuade any of you who may have departed from his standard, to adopt a purer practice and a truer faith, I shall feel that my visit to you has not been in vain."

Dr. Smith, of Chicago, moved that Dr. Berridge be requested to give his article to the Secretary for publication, which was carried.

A motion to reconsider was made on account of objections being made to its being incorporated in the proceedings.

The matter was finally laid on the table.

The Report and Papers of the Bureau of *Materia Medica*, Pharmacy and Provings, were then presented by the chairman, Dr. J. P. Dake, of Nashville, Tenn., who introduced the subject with some observations on the development of the *Materia Medica*, the issue of certain new publications, and the work on which the bureau had been engaged during the year. The general subject of the papers was "The Limit of Drug Attenuation and Medicinal Power in Homœopathic Posology." They were arranged under two heads, the first of which, viz., "The Proofs of Drug Presence and Power in Attenuations above the Sixth Decimal," being considered in the following papers :

- (a.) "As Furnished by the Tests of Chemistry," by W. L. Breyfogle, M. D.
- (b.) "As Furnished by the Spectroscope," by Conrad Wesselhöft, M. D.
- (c.) "As Furnished by the Microscope," by J. Edwards Smith, M. D.
- (d.) "As Furnished by Analogy from the Field of Impalpable Morbific Agencies," by J. P. Dake, M. D.
- (e.) "As Furnished by the tests of Physiology," by Lewis Sherman, M. D.

The portion of the subject included under the second head, "The Proofs of Medicinal Presence and Efficacy in Attenuations above the Sixth Decimal," was presented in the following papers:

- (f.) "As Furnished by Clinical Experience in the Use of Attenuations Ranging from the 15th to the 30th Decimal," by A. C. Cowperthwaite, M. D.
- (g.) "As Furnished by Clinical Experience in the Use of Attenuations above the 30th Decimal," by C. H. Lawton, M. D.

Dr. Breyfogle's paper gave the results of carefully conducted chemical experiments with the 3d, 6th, 12th and 30th decimals of Arsenicum, Nux vom., Sulphur, etc. Perceptible results were obtained from Ars. 3d and 6th ; but Sulphur 3d and upwards gave no results. Experiments were also made upon human subjects with material doses

of the carefully selected homœopathic drug, for the purpose of ascertaining the largest dose which might be administered without danger of medicinal aggravation, the results showing that quite large quantities of Ipecac, in the vomiting of pregnancy, could be given with no other than a curative effect, and the same negative results were obtained with other drugs.

Dr. Wesselhœft's paper gave the degree of delicacy observable with spectroscopic tests, showing that by the best authorities the minimum quantity detected has been of Sodium, the 1-18,000,000th of a grain; Lithium, 1-6,000,000th; Strontium, 1-1,000,000th; Calcium, 1-1,000,000th. Cæsium and Rubidium have each been detected in the proportion of one grain to five tons of water. The author of the paper then quoted from his paper of last year the statement that modern research indicates the limit of the divisibility of matter to be reached at about the 11th centesimal, and cited the recent experiments of Crookes on the fourth state of matter, as confirming these indications. The paper concludes with an account of some spectroscopic experiments made by the writer himself with Sodium, in which the 1-100,000,000th of a grain gave ocular evidence of its presence.

Dr. J. E. Smith had entitled his paper, "Remarks and Suggestions Concerning the Study of Homœopathic Triturations." In presenting his subject he asked the privilege of correcting an almost universal misapprehension in regard to himself. "*I do not believe*," said he, "*that the microscope will enable us to discover the ultimate divisibility of matter*," and expressed himself further as being very anxious that his views in this particular should be no longer misunderstood and misrepresented.

He first gave a description of the apparatus and facilities at his command in pursuing his investigations and securing the most exact microscopic measurements of particles of triturated Aurum—the metal experimented with. He summed up in general terms the results of the microscopic researches recently made with homœopathic triturations of gold, as follows:

1st. A certain so-called trituration, sold for Aurum 3x,

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contained no gold at all. 2d. Mr. Witte's trituration Aurum fol. has been demonstrated to be almost equal in fineness of particles to the average triturations from precipitate. 3d. Four-hour decimal triturations are very far superior to the two-hour. 4th. Trituration Aurum met. up to the 6^x from various makers vary considerably, no two being identical in the fineness of contained particles. 5th. The popular idea that particles of gold are ten times smaller in the 2d than in the 1st, is ten times smaller in the 3d than in the 2d, is very far from being correct. 6th. In all the triturations of gold from the 1st to the 6th decimal examined by me, fully 99 per cent. of the metal escapes subdivision under the petal. e., does not become subdivided to anything like the extent formerly accepted. 7th. It is quite possible with careful manipulations to display particles of metallic gold under the microscope, which, in point of minuteness, challenge the most difficult test-objects.

The concluding portion of the paper described an improved method of preparing triturations of gold, which method having been devised after repeated experiments by Dr. Smith and Mr. Witte. It consisted in removing the gold from "amethystine fluid," and triturating it by adding water and alcohol to the trituration the same fluid is produced, which, after standing for a period of ten days or more, deposits a sediment, which completely of impurities from the milk-sugar used in making the triturations. This fluid under the microscope exhibits suspended particles of gold, but evaporation on a glass slide imparts an appearance like that of "watered sugar." Under this new method of triturating gold the 3d decimal yielded particles having a dimension of $1-95,000$ th of an inch. We understood Dr. Smith to hold the view that the metal contained in the amethystine fluid is not in solution, but in suspension, the particles so minute as to be invisible even under the highest powers.

Dr. Lewis Sherman's paper referred to a comparison of Dr. Ham's provings of *Sepia*²⁰⁰, made in 1875, with provings of milk-sugar made by Dr. Wesselhæft, two y

later; the object being to show that the great bulk of the symptoms was due to other than drug agencies, fear being probably one of them. This form of pathogenetic test, the writer argued, is unreliable for the reason above given. In the Milwaukee Test of 1879, most of the experimenters declined any attempt to designate the medicated vial, thus exhibiting a lack of confidence which the proposers of the test did not anticipate. Some of the experimenters had said that even the low attenuations would fail under a similar test. Accordingly, Dr. Allen undertook to test the 38x, and he (Sherman) undertook to test those still lower. Dr. Allen subsequently withdrew from the work. The tests made by Dr. Sherman and his co-laborers were guarded against unfairness and error as carefully as was possible, and the results, together with those of the "Milwaukee Test" proper, are in brief as follows:

3x,	9 blanks.	Tests, 5	Correct selections, 4	Incorrect, 1,
5x,	9 "	" 3.	" "	" 0.
6x,	9 "	" 7.	" "	" 1.
7x,	9 "	" 2.	" "	" 1.
8x,	9 "	" 2.	" "	" 1.
9x,	8 "	" 2.	" "	" 1.
10x,	9 "	" 2.	" "	" 2.
30x,	9 "	" 7.	" "	" 7.
30x,	1 "	" 1.	" "	" 0.

Dr. Dake's paper came next in order. It presented a host of facts in connection with various morbid agencies: malaria, miasms, electricity, etc., all going to prove that abnormal effects are producible by agencies not recognizable by the senses, or by the most delicate processes of the laboratory.

Dr. Cowperthwaite then introduced the "high potency" side of the question in an able and careful paper. He began with the proposition, that as man cannot live by bread alone, he must sooner or later acknowledge his physical relation to the unknown as well as to the known. When Hahnemann had repeatedly seen Acon.³⁰ cause sweat in fever, he very properly adjudged that in Acon., medicinal power did not cease below the thirtieth potency. And Hahnemann's observations fully confirmed this opinion as to a considerable number of other drugs. The doctor then cited the com-

parative experiments made in hospitals with the 30th, 6th and 15th decimals, continued for a long period, the disease selected for investigation being pneumonia. The observations showed that as regarded the processes of infiltration, resolution, exudation, and the total duration of the disease, the results were by far the most favorable to the 30th, or highest, and the least favorable to the 6th, or lowest. He also reminded the Institute of the historical fact that the early homœopathists of America had only the 30th potencies with which to demonstrate the truth of similia, there being no other potencies in the market. Had those 30ths been destitute of medicinal virtue, homœopathy would to-day be a matter of history. He argued that when clinical evidences are carefully and properly observed, they are useful in the same proportion as are the observations of the chemist and the microscopist. The paper closed with a number of carefully observed cases recorded by well-known practitioners, in which the 30th potency developed rapid and permanent cures, and added, "If men believe not these facts, neither would they be persuaded though one arose from the dead."

Dr. C. H. Lawton in his paper alluded to a natural obstacle to the acceptance of high potencies. Facts must harmonize with known laws, else their convincing influence is limited. When men will not, or do not, experiment for themselves, we must present reason and logic by which to convince them. Observation gives evidence that medicinal power and efficacy extend beyond the supposed limit of the divisibility of matter, though we may not understand it. The writer argued that without potentization there can be no medicinal efficacy. He offered some interesting facts in support of his views respecting the value of potencies above the 30th, among which was a case of a perityphlitis, treated by Dr. Pearson, of Washington, D. C., with *hepar sulph.^m* (tafel), and followed by recovery.

Adjourned till 7 P. M.

Evening Session.—Discussion was had upon the general subjects embraced in the report of the Bureau of Materia Medica, etc. Dr. Lilienthal explained that Dr. T. F. Allen, of New York, had declined to take part in the test of high

potencies, because he was unwilling to have them prepared in Milwaukee. Dr. Lippe said such a test had been made in Vienna thirty years ago by Dr. Wadsworth, and resulted in overcoming the skepticism of that gentleman. Physicians decline to spend time in a repetition of that experiment simply because there is no need of it. Dr. A. E. Small did not see what chemistry, microscopy, or spectroscopy has to do with high potencies. He thought nature furnished abundant analogies of the action of infinitesimals, and illustrated his point by the germination of the seed and growth of the tree. Once, after having been enjoined never to give a certain patient *pulsatilla*, he had secretly administered a dose of the 800th *Jenichen*, and had, the next day, been called to account for it. Dr. McManus had a patient in whom the presence of the common shrub, *talicanthus*, produced syncope. Dr. Owens thought the bureau had gone entirely out of its own province for a subject, and he was disappointed at having heard nothing which in his estimation could promote our knowledge of the *Materia Medica*. Dr. McClelland defended the bureau; it had selected a subject connected with "Materia Medica, Pharmacy, and Provings," and adhered strictly to it. Some of the testimony offered was of a negative character, it is true, still such testimony is of great value. The report shows that certain attenuations failed to show the presence of medicinal qualities, but this is not proof positive that such qualities do not exist therein. He said that patients troubled with malignant typhoid fever were, through the enthusiasm of the reporters, represented as having been cured by a single dose of medicine in one day. These reports were palpably false and weakened men's faith in homoeopathy and in homoeopaths.

Dr. Wells, of Brooklyn, gave his experience in the treatment and remarkable cure of a case which had come under his own observation. Dr. Brown, of Binghamton, N. Y., complimented the papers presented by the bureau. He contended that medicines were matter and we were matter, and by watching the contact of the matters we could discover certain changes that formed data for future action. Dr. Pearson, referring to the papers, said they were a great

improvement on those presented last year. Dr. Dake corrected a mistake of Dr. Lilienthal, and said that Dr. Allen's refusal to participate in the potency test could not have arisen from the cause stated, as the potencies were to have been prepared in New York and not in Milwaukee.

Dr. H. M. Smith, for Dr. J. J. Mitchell, chairman of the Committee on a Homœopathic Dispensatory, submitted a report.

Dr. Talbot, of Boston, said year after year we have a report on the subject of a dispensary in an incompleated state. Twelve years of incubation was sufficient, and he moved the subject be indefinitely postponed. After some discussion the motion was adopted.

The bureau of Clinical Medicine, having for its subject Scarlatina was then taken up, and the chairman, Dr. C. Pearson, of Washington, read a paper on "Its History, Etiology, and Varieties." Dr. Lilienthal, one on the "Diagnosis, Pathology, and Course of Scarlatina." Dr. T. F. Pomroy, one on the "Contagious Nature of, Liability to, and Exemption from Scarlatina."

THIRD DAY—*Morning Session.*—On motion of Dr. D. S. Smith, of Chicago, the Institute voted to take from the table for reconsideration the address of Dr. Berridge, of London, delivered yesterday.

Dr. Talbot, of Boston, addressed the Institute in reference to a certain passage contained in the address of Dr. Berridge, characterizing it as a great wrong alike to this body, to the physicians of America, and to the memory of one who is held in reverence by every true friend of true Homœopathy. He read the passage referred to, as follows:

"Ever since that fatal error was committed, by one whose memory we nevertheless hold in honor, of proclaiming 'absolute liberty in medical opinion and action,' a change for the worse has taken place in our own ranks. Ever since that time the name of Carroll Dunham has been held to sanction every kind of empiricism. Forgetting that he himself in his teaching and practice was a true Hahnemannian, men have eagerly caught at his well-intended, though mistaken, perhaps misunderstood, words, and ever banded themselves together to overthrow those that remained true to the teachings of the master."

Can such words as those go out from the American Institute as its sentiment? When at Chicago, as those who

were present well remember, there were some ready and endeavoring to break this Institute to pieces, and were proclaiming that there were only a few homœopaths, and all the rest were mongrels, then it was that Dr. Carroll Dunham uttered his ringing words proclaiming "liberty of medical opinion and action," which stand upon our record like letters of gold, and have done more to advance homœopathy—true homœopathy—than those of any other man that have ever been spoken. And when we find that from the platform of this Institute, an aspersion has been cast upon his name, we cannot let such words go upon our records without a solemn and indignant protest.

Dr. Wesselhœft, of Boston, said: "I desire to say what I had no opportunity of saying yesterday. A young physician from abroad was by curtesy admitted to a seat on the platform, and proceeded to lecture the Institute on its ignorance of homœopathy, and its neglect to read *The Organon*. This was not in good taste, and I object to the incorporation of that lecture in our transactions. Such accusations were successfully stamped out by the Institute years ago. Dr. Berridge was ill-informed and ill-advised. That is my apology for him."

Dr. Ludlam, of Chicago, thought that the remarks of Dr. Wesselhœft acquired additional force from the fact that Dr. Berridge does not come to us as the acknowledged representative of any foreign society. When he (Dr. L.) attended the sessions of the British homœopathic societies, Dr. Berridge was not present. He comes to us and speaks to us as a private physician only.

Dr. J. P. Dake, Nashville, Tenn., said that in America the progress of our cause has been steadily and not slowly onward, that whenever hindrances have come in our way have not arisen from any spirit of excessive liberality on our part. Probably the greatest obstacle, so far as our course has occasioned any, has been an extreme construction placed upon the teachings of the master and an excessive indulgence, on the part of some of our leaders, in measures obnoxious to the learning and the experience of the medical world. Dr. Berridge is mistaken in the supposition that the moderation and liberality advocated in

this body by the loved and lamented Dunham has been the cause of any weakness or delay in our onward course. No man in all America did more, in the same number of years, to further the interests of homœopathy than Carroll Dunham. Although not given to hero-worship in this country, we do not fail to appreciate and defend the good name of those who, having wrought most nobly and successfully in life, now rest peacefully from all earthly labor.

As to the study of Hahnemann's writings, I venture to say that our practitioners are as familiar with them as any medical men in the world. While esteeming the words of the master as explanatory of the new system of therapeutics, in the day of its birth and the years of its youth, we do not regard all his sayings as infallible, nor his tenets as everlasting. Under the fostering influences of freedom, and persuaded that, in matters of science, there can be no limits to progress, we are ever looking for fresh facts and new principles to guide our way in the field of practice. We revere Hahnemann; we take his teachings for what they are worth; but we do not accept from him all the opinions held in his day as priceless treasures. As for the old school of medicine in this country we have no compromise with it. While there is much common ground for allopaths and homœopaths to occupy and cultivate together, we stand upon our own field, a peculiar people, when we come to the application of medicines for the cure of disease, acknowledging the law *similia* as supreme and final. We differ, sometimes, among ourselves as to the extent of the field covered by that law, and as to the preparation and uses of remedies under its guidance; but we forsake not the banner, years ago planted upon these shores, under which we have been gathered from the devious ways of old physic, and under which, our successors shall ultimately possess all this goodly land.

Dr. Ober moved that the paper be laid upon the table, and the discussion thereon expunged from the minutes. The motion was adopted.

The consideration of the Bureau of Clinical Medicine was then taken up where it was left by the adjournment on Wednesday evening, the subject being Scarlatina. Dr. J.

P. Mills, of Chicago, read a paper on "Dissimilarity to Diphtheria and other Cutaneous Diseases." Dr. O. P. Baer, of Richmond, Ind., also presented an article on "Belladonna and other Prophylactics."

Dr. Lippe, of Philadelphia, then read a paper on "The Treatment of the Varieties and Symptoms of Scarlatina," and Dr. P. P. Wells, of Brooklyn, presented an interesting essay on "Specific Prescribing in Scarlatina."

Professor Ludlam, of Chicago, offered a resolution that hereafter the annual meetings of the Institute shall consist of one general morning session daily, and that the afternoons be given to bureaus for sectional meetings. The resolution was adopted.

Dr. Talbot, of Boston, offered a resolution indorsing the proposition of the homœopathic physicians of Great Britain for an international congress in London in July, 1881, which was adopted, and providing for the appointment of a committee to further that object. Adopted; the committee consisting of Drs. I. T. Talbot, E. M. Kellogg and B. W. James.

The Bureau of Microscopy and Histology presented a paper by Dr. Wessellheft on "The Relations of the Microscope to Materia Medica and Potencies," and one by Dr. J. E. Smith on "Modern Microscopes."

The Committee on Time and Place of Next Meeting reported that invitations had been received from Cape May, Long Branch, Manhattan Beach, Newport, Saratoga and New York City. It was voted to refer the whole matter to the Executive Committee, with instructions to hold the next meeting in or near New York City.

The election of officers to serve for the ensuing year was then held, with the following result: President, J. W. Dowling, M.D., New York; Vice-President, William L. Breyfogle, M.D., Louisville, Ky.; General Secretary, J. G. Burgher, M.D., Pittsburg, Pa.; Provisional Secretary, J. H. McClelland, M.D., Pittsburg, Pa.; Treasurer, E. M. Kellogg, M.D., New York; Censors, F. R. McManus, M.D., Baltimore; Chairman, R. B. Rush, M.D., C. T. Canfield, M.D., William H. Leonard, M.D., Philo G. Valentine, M.D.

The Bureau of Obstetrics presented its report through

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Dr. G. B. Peck, of Rhode Island. It embraced important papers, as follows :

"The Forceps and the Principles of their Use," by I. Foster, M.D.

"Extra-uterine Fœtation," by C. Ormes, M.D.

"Placenta Prævia," by Geo. B. Peck, M.D.

Dr. Foster's paper encourages the use of the forceps. It argues that just in proportion as their use increases the mortality of mothers and children during labor diminishes. No instrument at all equals it in the saving of human life. He gave a history of its "development," and exhibited various modifications in illustration of his subject.

Dr. Walker, of St. Louis, read a learned paper on "Recent Improvements in the Obstetric Art," which was considered one of the best articles presented to the Institute. Pending the consideration of this subject the Institute adjourned until 3 o'clock.

Afternoon Session.—The consideration of the report of the Bureau of Obstetrics was resumed, and Dr. Peck's paper was read. It is based upon reports received from about 120 homœopathic physicians of this country, and the facts presented and conclusions drawn are exceedingly interesting and valuable. We are happy to be able to announce that some of these cases will appear in forthcoming numbers of the *Hahnemannian*.

Dr. Ormes' paper was also important, detailing an interesting case. After its reading, discussion was had on the various papers.

Under a suspension of the order of business, Dr. McClelland exhibited Vance's crinoline jacket for scoliosis, and called attention to the advantages it possessed over the Sayre jacket, particularly because of its being removable at will for the purpose of securing cleanliness.

The Bureau of Gynæcology reported through its chairman, Dr. Biggar, of Cleveland, the following papers :

"Uterine Fibroma," a case with operation, by C. Ormes, M.D.

"How do Medicines Act on the Generative Organ of Women?" by E. M. Hale, M.D.

"Influence of Homœopathic Treatment on the Development of Ovarian Cysts," by B. F. Betts, M.D.

"Cæsarian Section," by S. S. Lungren, M.D.

"The Use of Intra-uterine Stem Pessaries," by Mrs. E. C. Cook, M.D.

Adjourned until Friday morning.

FOURTH DAY—*Morning Session*.—The Bureau of Pædology, Dr. William H. Jenney, chairman, reported the following papers :

"Acute Gastritis; Its Causes, Diagnosis and Anatomical Characteristics," by W. H. Jenney, M.D.

"Prevention and Treatment," by W. Edmunds, M.D.

"Thrush," by T. C. Duncan, M.D.

"Prevention and Treatment of Stomatitis," by A. M. Cushing, M.D.

"Dietetic Rules in Digestive Diseases," by Mary A. B. Woods, M. D.

Dr. H. C. Allen offered a resolution, which the Institute adopted, providing for an inquiry into the preliminary qualifications required of students by the various medical colleges.

At 11 o'clock, in accordance with a previous arrangement, Dr. F. R. McManus, of Baltimore, delivered an address in which he gave his early experience with the thirtieth potencies. He detailed his first attempts to acquire such a knowledge of the homœopathic healing art as might enable him to put its principles to a practical test. For a whole hour the venerable doctor held the closest attention of his critical audience, while his humorous description of his cases and of the results of his treatment elicited applause and laughter from both high and low dilutionists. Amongst the many cases treated experimentally was a gonorrhœal orchitis, for which *Arnica*³⁰ was prescribed, and *the patient (a cooper) was ordered to continue at work*, lest the beneficial influence of rest should modify the action of the remedy. In spite of this precaution (?) the patient, three days afterward, reported himself well. A case of pain in the knee-joint, which the doctor had treated allopathically for years, yielded promptly to Puls.³⁰ A case of intermittent neuralgia of six weeks' standing dis-

appeared permanently in 24 hours,—scared off with a single dose of Spig.³⁰. A number of other similar cases were reported. The whole address was calculated to add materially to the force of the papers presented by Drs. Cowperthwaite and Lawton in advocacy of the thirtieth potencies. His closing remarks are well worth transcribing: "The greatest enemy homœopathic physicians have, is to be found in themselves. That man is a fool, who, in using vaccine virus as a prophylactic, inserts it into a child's arm every morning and evening for five days. One dose, well selected, and allowed to have its full effect, is better than indecision and needless repetition."

The Bureau of Ophthalmology and Otology reported papers on "Diseases of the Lids," by F. Park Lewis, M. D.; "Tumors of the Lids and Diseases of the Lachrymal Glands," by J. H. Buffum, M. D.; "Stricture of the Lachrymal Passages," by D. G. Maguire, M. D.

The Bureau of Surgery presented papers on "Staphylocoraphy," by I. T. Talbot, M. D.; "Injuries of the Abdomen," by Professor Hartshorne; "Hernia," by J. H. McClelland, M. D.; "Radical Cure of Hernia," by C. M. Thomas, M. D.; "Sphincterismus," by George A. Hall, M. D.; "Pro-lapse and Foreign Growths of the Rectum," by E. C. Franklin, M. D.; "Acute Peritonitis; Its Relation to the Diagnosis and Surgical Treatment of the Abdominal Viscera," by John C. Minor, M. D.; "Acute Intussusception," by N. Schneider, M. D.

Some general business of minor importance was transacted, appointments of committees announced, and then at 12 o'clock, the thirty-third session of the American Institute of Homœopathy was declared adjourned. Two hundred and two physicians were in attendance, and forty new members were received.—*Hahnemannian*, July, '80.

DR. J. P. DAKE at Milwaukee addressed this rattling question to the High Potency wing of the Institute. If inert substances—Sugar of Milk included—possess a pathogenetic spirit, what becomes of the *dis-embodied spirit of sugar of milk, when the sugar of milk is taken possession of by the spirit of an active drug, like Belladonna or Nux-vomica?*

WESTERN ACADEMY, JULY 9, 1880.

My Dear Dr. Valentine:

Another session of the Western Academy has come and gone; but, in going, left us as keepsakes for future use, many pleasant memories of the past. Seeing that you ignored attendance, but did afterwards put in an appearance with your handsome "better half" at the Institute, in Milwaukee I propose as a punishment to let you know how much you missed by your failure to be at the Minneapolis session of the Academy.

As it is the personal reminiscences and contacts of these meetings which give them a peculiar social charm, I propose to write you a short account of matters almost entirely personal, rather than anything in the professional or scientific line. Indeed I could wish it were possible to give these meetings the requisite qualities of dignity and *eclat* without either papers or speeches on scientific and professional subjects.

First of all I know you are brimful of interest and curiosity to know how your own city's delegation did. Allow me to say to you, in all privacy and solemnity, that the "colored troops" from "the Future Great" "fought nobly," especially when in "raking range" of a — dining room or a beer saloon. The ponderous president, whom you had the honor of sending us, covered himself all over with glory three or four folds deep, which is no slight praise, seeing the amount of surface to be covered. He presided with dignity, promptness, and fairness.

His annual address, which, by the way, was one of the conspicuous features of the meeting, was an able, elaborate paper on human progress in the past, and the promises of the future, and was delivered in the most admirable manner.

Your Parsons, Campbell and Edmonds were active and conspicuous figures in the meetings of the Convention. Higbee inclined to the idea that when they shall have ceased to be useful as doctors, they might be made to do further service in the way of house building material, by being passed a few times through a lath splitting machine.

Parsons was as ever quiet, thoughtful and reticent. Campbell and Edmonds were in constant rivalry as to which should say the *sharpest* things at the men, and then make the nicest and sweetest speeches to the ladies. Campbell, however, had the inside track in being younger, good-looking and unmarried. At a most delightful informal lunch entertainment, given by the ladies of the city to the Convention, Campbell being a little off his guard, Edmonds went for the young man's laurels in gallant style, in a little two minutes speech of thanks to the ladies for their hospitable attentions. Your Mrs. Pearman was there with good looks and modest demeanor in full force, and for which she was made a vice-president.

George Washington Garfield Foote was with us. Of course he was! It would not have been any *meetin'* without him. Foote had seen clear through the political grind-stone from the beginning, and knew Garfield would be nominated from the start. He is sure of the Galesburg postoffice, but has not decided whether he will or will not strike for a similar appointment at Cairo or Chicago. When it came to the election of treasurer, it being stated by members present, that Foote had collected dues from them two or three times for the same year, such a habit and zeal being thought of most excellent repute, he was re-elected by acclamation, and probably now holds the treasureship by a life tenure, his probable duties as Galesburg postmaster notwithstanding.

Higbee! At the very mention of the name, who does not feel his greatful emotions well up in regular tumult, in memory of the tireless efforts of this genial, whole-souled man to make the Convention a success, and everybody comfortable and happy. Long may he wave!

Vilas put in an early appearance, and by dint of good looks, good manners and a sort of general expectation, was made president for next year by common consent.

Duncan came early and brought his babies with him, and what was worse, a large stock of their peculiar aches, ailments and maladies. The very sight of him gave one visions of a foundling asylum, with the imminent risk of being cascaded on by his entire brigade of mewling, puling clients.

Hall, of Chicago, was a prominent figure in the convention. He has good ability, to which he manages to give much additional force by a sort of oracular dogmatism, advertising you before hand that it might not be either safe or prudent to controvert any views or opinions he may choose to promulgate.

Delamater, of Chicago, sparkles all over with wit and genial humor. He has decided ability, and occupied a prominent place in the sessions of the Convention.

Gentry, of Wyandotte, is a hard worker and enthusiastic homœopath—gets pretty high sometimes; oh! I mean in his *dilutions*, not in his “cups”—and having “no wool on his head, where the wool ought to grow,” has a wise and venerable look.

Hartz Miller was the best looking ugly man in the Convention. In Antwerp or Amsterdam, they write it Hans Mueller; in this country, for the sake of euphony, and to qualify for admission to the Knights of St. Patrick, we have it rendered Hartz Miller. Hartz was modest, quiet and reticent. He was a decided favorite in the Convention. Beneath his quiet, modest demeanor, there is a lurking demon of fun and fury, which it would be just as well and a little better not to molest or provoke.

If Burger, of Boonville, Mo., would sell out a half interest in his modesty and invest in brass, he ought to take a very decided stand in the profession. He was very attentive to the ladies, and especially the good looking ones.

Cain, of Stillwater, and Beaumont, of Minneapolis, are “good boys.” Give them a half gallon of beer or claret, each, (they would not care which, but would stickle for the quantity,) for a two hours sitting, and you could only listen at their yarns under a feeling of risk, from scrotal hernia or a spontaneous rupture of your midriff.

McAfee, rotund and good looking, wanted to be president, but finding Vilas had managed to get up a sort of pre-emption on the place, gracefully retired from the contest with a sort of general understanding that he is to have it next time.

I must not close this letter, now already too long, without allusion to the excursion Higbee gave us. I say Hig-

bee, as he simply acted as the organ through which flowed the hospitality of the good people of Minneapolis. First we had a railroad ride to the beautiful lake. At the lake we boarded a handsome steamer for a ride on its pure and limpid waters, and in mid-lake the steamer was boarded from an open boat by dear Mrs. Dr. Parsons, who invited us to stop at her lake-side cottage. After she had taken us in, you should have been there to see us *take in* the claret punch with the necessary appurtenances belonging thereto. The boats whistle only allowed about ten minutes for this most delightful little episode, when "all aboard," we sailed away for "Park Hotel," where we dined very sumptuously. After dinner while toging and resting we transacted some convention business. We returned to the city with many pleasant memories of a day spent in such delightful variety and hospitality. Adieu!

SMILAX.

THE FEMALE PERINEUM.

BY T. G. COMSTOCK, M. D., MASTER IN OBSTETRICS OF THE UNIVERSITY OF VIENNA, ST. LOUIS, MO.

Read before the Joint Convention of the Western Academy and Minnesota Institute of Homeopathy.

No medical man who practices obstetrics or gynæcology can satisfactorily pursue the practice of his profession, unless he fully appreciates the importance of the perineum in all its relations. He must first of all fully understand its anatomy, yet, as a matter of fact, there is not a book upon anatomy in the English language, which so describes the perineum, that "he who runs may read," in other words it is but imperfectly treated. This knowledge of the anatomy of the perineum is further necessary to the understanding of quite an array of complaints, which the general practitioner meets with in his daily rounds, but unfortunately practitioners have not given the matter such attention as its importance demands.

The perineum is the space between the anus and the posterior commissure of the vagina, or the space between the back-

ward curve of the rectum and the forward curve of the vagina, and is composed of fascia, areolar tissue and a fibro-elastic tissue, with blood vessels, it being really a union of tendons and muscles which coalesce at this point. Beginning at a point less than two inches above the margin of the perineum, the vagina and rectum, which have hitherto been near each other, begin to diverge, the vagina naturally curving forwards and the rectum curving backwards. This minor fact in the topography of the rectum and vagina should not be forgotten, for without its full appreciation, the peculiar shape of the perineum cannot be understood. This space between the rectum and vagina is wedge-shaped, and is described by Henle as a *Korper* or body, and is now called by gynecologists the *perineal body*. This perineal body is triangular shaped and is bounded on its external face by the plane ordinarily denominated the perineum. This is the space externally from the anus to the posterior commissure of the vagina, and when the female is in the erect position it may be considered as the lower side of the triangle. On the front side, the triangle is bounded by the posterior wall of the vagina, and on the rear it is bounded by the anterior wall of the rectum. Now this triangle which is the perineum, or rather the perineal body, at a distance less than two inches above the anus and commissure of the vagina, comes to a point, where as above described, the rectum and vagina are in proximity but it can be easily understood as we approach the outlet of either of these, that the distance between them becomes greater. This perineum, which as a whole we choose to call the perineal body, sustains the anterior wall of the rectum and prevents it from prolapsing, and *secondly*, by supporting the posterior vaginal wall, prevents it also from prolapsing. *Thirdly*, when the perineum is intact the walls of the vagina are in apposition so that the anterior vaginal wall rests upon the posterior wall, the bladder resting upon the anterior wall and against the bladder and the uterus, all of which are supported by the perineum. Lastly, as Dr. Thomas says, "the perineum preserves a proper line of projection of the contents of the bladder and rectum and thus prevents tenesmus, which may indirectly cause dis-

placements." Dr. Thomas describes the perineal body as the "*keystone of an arch*," although strictly speaking this keystone is an inverted keystone. Now take away this triangle, (keystone) or split it and you can readily conceive the result. A lacerated perineum is nothing more than *a splitting of this triangle* and an operation to restore the same, is nothing more than first vivifying these two torn surfaces, and then bringing them together and holding them in their normal position with sutures properly applied. A perineum lacerated ever so little will be liable to affect the health of any woman. Dr. Emmet, a noted authority on this subject, in speaking of the importance of all, even small injuries to the perineum, uses the following language:

"A laceration of the perineum is sometimes accompanied by a general irritability, which cannot be traced to any other cause, and is only relieved when it is restored. I have known several instances in which the existence of scars in the perineum had so much effect upon the nervous system as to entirely change the disposition of the woman, and yet they were not conscious of any local difficulty."

The perineum holds a very important relation with that change in the *uterus* which must normally go on after labor—we refer to *involution*. Anything that interferes with the process of involution may be a very important factor in disease, and no woman can enjoy good health after parturition, unless the process of involution is complete, and accompanied by a retrograde metamorphosis of tissue, which shall reduce the uterus to nearly its pristine size before conception. During pregnancy, the perineum, as well as the vagina, becomes hypertrophied and its tissue increased, and, after labor, not only the uterus, but likewise the *perineum and vagina undergo involution*.

Dr. Thomas first called the attention of the profession to this last named fact, and it is a fact most important, and one which explains to us many of the most important ailments of females. Whenever the gynecologist takes a new case for treatment of a parous woman who has borne a child, he explores the uterus to find its condition. If he finds it enlarged, showing sub-involution, he immediately searches for the cause of the same, and if it is possible to find it after removal of such cause, the process of involu-

tion may set up again and be normally completed. The perineum when not ruptured, as likewise the vagina, may be in an atonic and relaxed condition and seriously affect the health of the patient, the whole difficulty arising from defective involution. That such a condition exists affecting the vagina and perineum may perhaps be new to some practitioners, however, if the physiology and pathology of the perineum and vagina, as evinced by their condition after a labor are thoroughly studied, defective involution affecting them will be found to be an ailment of not infrequent occurrence.

Now, if it is possible after a normal labor to have a feeble, atonic, relaxed condition of the perineum, although without rupture, what may not be expected, when the perineal body is rent? When a woman has a complete rupture of the perineum, so that the rectum and vagina are almost reduced to one canal or a cloaca, the consequences of this are apparent to the patient herself and to every practitioner that she calls upon to attend her, but in this connection let me assert *that every portion of the tissue of the perineum which is destroyed weakens it relatively.* And right here I will take occasion to enumerate a few of the ailments and complaints which are liable to set in as direct results of rupture of the perineum. Prolapsus of the vaginal and rectal walls (cystocele and rectocele), septicæmia, endo-metritis, sub-involution of uterus and vagina, catarrh of the uterus (leucorrhœa), prolapsus uteri, chronic cystitis, pruritus vulvæ, and as further consequences sterility, hysteria, neuralgic conditions, neurasthenia, and a host of nervous disturbances and other neuroses, the result of reflex-nervous irritation.

Laceration of the perineum, which is a great factor in preventing complete normal involution of the uterus, is not the only cause of this condition. Laceration of the cervix is also to be enumerated, something quite as important as the former, and really, until within the past ten years, but little understood by the profession generally. I deem it not improper to make this mention regarding laceration of the cervix, because its diagnosis is more difficult than laceration of the perineum, but when once

diagnosticated, its surgical treatment is even safer, and numerically speaking, more successful, than operations for the restoration of extensive ruptures of the perineum of long standing.

One object of this paper is, to call the attention of practitioners of midwifery to the importance of *always examining ocularly the condition of the perineum after every labor, and of closing immediately any rupture that may be found to exist, by surgical means*. I repeat, the rupture should be closed by surgical means, because, although a slight rupture of the perineum usually heals by the powers of nature, yet the union is not by *first intention*, and its existence renders the convalescence of the patient tedious, so that she will be liable to have a protracted confinement, and her getting up will be slow and tedious. In addition to this, she is more liable to have septic puerperal processes set in—perhaps septicaemia, all of which may be avoided and prevented by properly closing the rupture with sutures immediately after delivery. Some gynæcologists classify perineal ruptures into three varieties: a simple or slight laceration, a central laceration and a complete laceration; but we prefer the classification of Dr. Thomas, as follows:

First, superficial rupture of the fourchette and perineum not involving the sphincters; *second*, rupture to the sphincter, and *third*, rupture through the sphincter, and *fourth*, rupture through the sphincter ani and involving the recto-vaginal septum. Either variety of rupture above enumerated may cause a good deal of trouble if left to nature. The first variety may heal, but never, as previously stated, by first intention, but by *second* intention, by granulation and the formation of more or less cicatricial surfaces and scars at the seat of the rupture.

Experience has proven it to be far better, far safer, more salutary and satisfactory to the patient, for the accoucheur to bring the parts together, so that they may be in a condition to heal *prima intentione*.

Let no practitioner be too modest to satisfy himself whether or not rupture exists. If he finds this to be the case, he should at once place the woman upon her left side,

with her hips at the edge of the bed, and taking a candle in his hand, with the aid of the nurse, carefully examine the parts and separate the labia to see the extent of the fissure. If it is a case of rupture of the *first variety*, the parts are to be brought together, and either *serre-fines*, or Hoff's automatic sutures, applied.

Sometimes the vagina is ruptured high up, and the perineum itself seemingly not torn. In such a case, *separate vaginal sutures* of carbolized silk must be applied, beginning at the *upper end* of the rent and descending to the perineal body. After applying the *serre-fines* a cushion or pillow should be applied between the knees and they tied together, and the patient lie upon her side, for some seven or eight days, then the sutures may be removed. If necessary, the urine should be drawn by the elastic catheter twice daily. If the patient can pass water without the aid of the catheter, her nurse should after each micturition inject the vagina freely with carbolized water.

In more extensive lacerations of the *second or third variety*, the treatment to be pursued is the application of sutures with *silver wire*. I need not enter into a detailed description of the manner of performing the operation, as the sutures are to be applied according to the principles and practices of surgery, especially as detailed in the works of Goodell, Emmet and Thomas.

The experience of the writer goes to show that it is far better to close a ruptured perineum *directly after labor*, than to wait for some months, until the patient recovers from the immediate effects of her confinement. As a general rule the immediate operation is a success, and the failure of the perineum to unite by first intention is an *exception* to the general rule.

It may not be inappropriate to state in this connection that rupture of the perineum is of *frequent occurrence*, and it is overlooked, and its existence unknown, because practitioners of midwifery have not been in the habit of examining their patients by ocular inspection after the completion of labor; in this paper we have insisted upon the necessity of a *new departure* in this practice. In the Cincinnati city hospital,* for the past two years, in the lying-in wards, the

*The *Obstetric Gazette*, May 1880, Page 551.

internes have been directed to *examine every case ocularly* after delivery, and as a result, of one hundred and forty-two labors which were primiparæ and fifty-nine multiparæ, there were seventy-five cases of rupture of the perineum among the primiparæ and five among the multiparæ. This is about 37 per cent. of the whole; 50 per cent. of primiparæ and 8 per cent. of multiparæ. This proportion of perineal ruptures is about a fair average of hospital practice, but in private practice may perhaps show a less per cent. Of course, in most cases, they were of the *first variety*, but nevertheless the per centage is sufficiently large to require the careful attention of the obstetrict to such accidents.

Books and Pamphlets Received.

THE 38th MISSOURI UNIVERSITY CATALOGUE. 1880.

THE ELECTROTYPYER.—200 S. Clark St., Chicago, Ill.

ORATION BY DR. E. A. GUILBERT on Decoration Day at Dubuque, Ia.

CIRCULAR of the Horological and Thermometrical Bureaux of the Winchester Observatory Yale College.

PHYSICIANS HAND BOOK for the use of Petroleum Remedies. 40 Water St. Boston. C. Toppan consulting chemist.

ON FLUID EXTRACTS as proposed for the coming Pharmacopœa. Reprint from *Therapeutic Gazette*, April, 1880. Detroit, Mich.

LUCY RODEY.—A novel.—By Henry Greville. Translated by Mary Neal Sherwood. Philadelphia: T. B. Peterson & Bros.; 50 cents.

DISEASES OF INFANTS AND CHILDREN.—Vol. II. By T. C. Duncan, M. D., Chicago, Ill. To be reviewed. Duncan Brothers, Publishers.

ETUDE SUR LE TRAITEMENT HOMŒOPATHIQUE DE LA CONSTIPATION Per M. le Docteur H. Bernard, de Mons. Brussels. Rue de la Riviere 3.

ANNUAL DIRECTORY of the Homœopathic Physicians in Iowa, Minnesota and Wisconsin for 1880. Price 50 cents. Iowa City Publishing Company.

THE ABUSES OF MEDICAL CHARITIES.—By Drs. M. P. Hatfield and Roswell Park, Chicago Medical College. Reprint from Chicago "*Medical Gazette*," March 1880.

WILSON ON INTERMITTENT FEVER. Special indications for thirty-five Remedies.—By T. P. Wilson, M. D., Professor of Theory and Practice in University of Michigan. Boericke & Tafel, Philadelphia.

PATHOGENETIC OUTLINES OF HOMŒOPATHIC DRUGS.—By Dr. Med. Carl Heinigke, of Leipzig—translated by Emil Tietze, M. D., Phila., Pa., pp. 576. Boericke & Tafel, New York and Philadelphia, 1880.

HEMPILIS MATERIA MEDICA AND THERAPEUTICS.—Third edition, Vol., I. Revised by the author and greatly enlarged by H. R. Arndt, M. D. W. A. Chatterton & Co., Publishers, Chicago, Ill., 1880. A review to follow after a thorough examination.

HANDBOOK OF DISEASES OF THE SKIN AND THEIR HOMŒOPATHIC TREATMENT.—By John R. Kippax, M. D., LL. B., Professor of Institutes and Practice of Medicine, &c., in Chicago Medical College. Duncan Brothers, Chicago, Ill., pp. 208. This little book is a credit to its author and to our school, and full of valuable information found nowhere else in our literature.—[Ed.]

Editor's Drawer.

REMOVED.—J. C. Pennington, M. D., to Logan, Kansas.

MARRIED.—Dr. Ch. A. Lyman to Miss Delia E. Gilman, at Burke, Wisconsin. Our congratulations. We know how it is ourself.

ST. LOUIS, June 15, 1880.

EDITOR CLINICAL REVIEW.—DEAR SIR:—In your report of the discussions of the St. Louis Medical Society (May No. p. 111) I am made to say that epithelioma is not hereditary; that I presented twenty-five preparations of cancer to Dr. Fraley of London, and he could not decide whether they contained cancer cells. As this is simply ridiculous, and as no such statement was made, will you please correct same by giving what I did say, namely:

That simple epithelioma is not necessarily hereditary. That I submitted twenty-five mounted sections of typical cancers to Dr. Brailey, and asked him, in discussing them, if it was possible in every instance to determine and classify cancer by microscopic examination alone without a history of the specimen, and he replied he could not in every instance do so.

Fraternally yours,

JAS. A. CAMPBELL.

SACRAMENTO, CAL., July 5, 1880.

DEAR EDITOR—Your P. O. card duly received. Combined influences finally took the county hospital back to the Allopaths. Political influence and a large amount of *cash* "put where it would do the most good" did the work. The allopaths not only of our city but of the State combined in the conflict.

The Homœopathic management of eight months was a *complete success*, and has made a record for us. Public sentiment is with us, and it is only a question of time when we recover the hospital. The reference in your postal card (slip cut from N. Y. *Clinical Record*) to drugs used, etc., is merely a fair example of the statements made by the allopaths

during the "war." The county paid for no drugs during Homœopathic administration, (except for disinfectants, etc.) The big drug bills referred to were for drugs used in the allopathic department of our city and county dispensary and charged by the Board to the *General Hospital Fund*. The attempt to saddle them upon us was an ignominious failure. Wish I could see you and tell you all about it. We still control the city Board of Health, and have a representation on State Board.

Faternally yours,

G. M. DIXON.

To the Editor of the *Globe-Democrat*.

DR. TANNER'S FAST IN THE LIGHT OF PROFESSIONAL BIGOTRY.—St. Louis, July 8, 1880.—To-day's paper contained what purports to be an account of an interview with Dr. Hammond in regard to the "Tanner fast," which, as a sample of professional bigotry, is alike discreditable to Dr. Hammond, to his profession, to science and the enlightened and progressive age in which we live.

Dr. Hammond plainly states that the tests and restrictions to which Tanner is being subjected are worthless, because he is in the hands of eclectics and homœopaths, who are interested in helping him to practice a fraud upon the public. What may be the peculiar mental and moral qualifications of those specially having the Tanner trial in hand we do not pretend to know. And whether Tanner himself may be a reckless adventurer or an unscrupulous fraud seeking public notoriety we not pretend to determine. But this we do undertake to affirm: When Dr. Hammond goes out of his way to make an unjust and indecent thrust at a great body of learned and scientific men because of certain professional peculiarities, he evinces a mental and moral bias which, under suitable temptation, might probably lead him to the commission of precisely the same or any similar wickedness as that with which he now charges the homœopaths.

The world has got too old to be any longer humbugged by saintly prating about one's own honesty and the roguery of his neighbors. As a very general rule justice and truth require the exact reversal of the two parties respectively. We confess we do not very well understand how the kind or quantity of physic a doctor may take or administer can have anything to do with his aptitude for telling the truth. Probably in exceptional cases it might be necessary to puke, purge, blister, scarify, bleed and salivate one "within an inch of his life" in order to get the truth out of him. Such a case we suppose purely exceptional and not the rule. Whether Dr. Hammond falls within the rule or under the head of exceptions we leave others to determine. Heretofore we have been inclined to regard Dr. Hammond as a credit to his profession. In the light of the late "interview" he takes rank as a miserable bigot, in whose behalf it would be some palliation to render a plea of dotage or imbecility. It is pretty late in life to have made the discovery that the good and learned doctor has mistaken his calling. Let him at once be constituted Grand Inquisitor General for the world at large, with plenary powers to look after Bradlaugh, the Jews and Catholics in the English Parliament, the Jesuits in France, the burning of witches, and exact enforcement of the New England Sunday Laws.

W. A. EDMONDS, M. D.

TO THE MEDICAL RECORD.—N. B. Our letter from Sacramento.

A SHIP LOAD OF DOCTORS.—The American Institute on the *vasty deep* going to the London Congress next year.

PACIFIC HOMŒOPATHIC PHARMACY—Just opened in San Francisco, Cal., 44 Geary street. GEO. F. BEARDSLEY, Manager.

WE forgot to give credit to the "New England Medical Gazette" for Dr. Wesselhoeft's paper, reprinted in our June number.

MICHIGAN NEWS.—Dr. Sam. Jones is out of the University. No particulars received; nor do we know the name of his successor.

WE LIKE PEMBERTON DUDLEY.—He wrote up the Institute proceedings for his Hahnemannian, and we have copied. Saved us lots of trouble.

MORPHINE CRAMPS.—Three different doctors report in the "Medical Brief," a number of cases of cramp colic produced by Opium and Morphine, given as an anodyne. Another Homœopathic straw.

INDIANA INSTITUTE OF HOMŒOPATHY.—Officers for ensuing year: President, O. S. Runnels; Vice-Presidents, W. Thomas Elkhart, and S. C. Whitney, La Porte; Secretary, B. F. French, Indianapolis; Treasurer, J. R. Haynes, Indianapolis.

DR. RICHARD HUGHES resigned the Chair of Materia Medica and Therapeutics in the London School of Homœopathy, and Dr. Alf. C. Pope was elected to fill the vacancy. Dr. H. is delivering a Summer Course on Institutes and Pharmacodynamics.

TO THE MEMBERS OF THE CAN'T-GET-AWAY CLUB.—You certainly missed it by not going to Milwaukee. To have seen Dr. Potter's wife, and Sherman's and Olmsted's, would have paid you a thousandfold for the outlay. You'll not find their equals in America, unless you have seen the divinity—that presides at our table.

CONSTIPATION.—"And then in *Mezereum* we get an all but never failing aperient. A drop of the mother tincture taken at bed time in a little water, will be followed next morning by an easy, natural action from the bowels, and unaccompanied by pain or straining. Though I have used it in some hundreds of cases, and for many years, I have but seldom known it to fail.—Dr. Robt. T. Cooper, London, in *July No. Monthly Homœopathic Review*.

A HOMŒOPATHIC TREATISE ON THE DISEASES OF CHILDREN, BY

A. TESTE, M. D.

Translated from the French by Emma H. Cote. Fourth edition, revised by J. H. Pulte, M. D., 342 pages, cloth \$1.50.

This valuable standard work, which has been out of print for several years, has just been reprinted and is now to be had again at all Homœopathic Pharmacies, or will be sent, post paid, on receipt of price, by
BOERICKE & TAFEL,
New York, Philadelphia, Baltimore, New Orleans, San Francisco, Oakland, Cal. or Chicago.

THE ST. LOUIS CLINICAL REVIEW

PHILO G. VALENTINE, A. M., M. D., EDITOR.

VOLUME III.

ST. LOUIS, AUGUST 15, 1880.

NUMBER 6.

PRESIDENT WALKER'S ADDRESS.

Delivered before the Joint Convention of the Western Academy and
Minnesota Institute of Homœopathy.

The obligations, under which the partial kindness, which seated me one year ago in the presidential chair of your Academy, has laid me, and the grateful sense which I hold and cherish of these obligations, have roused me like a trumpet blast, to an energy of thought and feeling, of which I had for sometime deemed myself practically incapable. I was lying mentally crippled, I fear, by the sullen pool of Absorption in personal interests and professional cares, when your angel kindness descended, and so troubled the stagnant waters of my life, that I feel, throbbing in my mental veins, something that resembles the strong current of re- turning health. Or, to change the metaphor, I was mentally growing old; had paid my score, and bidden a tacit farewell to the more active duties and responsibilities of the world of mind; had resigned myself to dressing-gown and slippers, and was only thinking how I might spend my declining years in pleasant and graceful repose. Then your flattering courtesy came, like the fabled adventurer of the east, and led me to the fountain of perpetual youth, and I drank and became—the boy you see.

In sober sooth—to one who suddenly awakes from the lethargy of indifference, or pauses from the ardor of professional pursuits to look about him over the world, and

note the changes, material, mental and moral, which mark the advancing civilization of our time, it does seem as if some magical agency were playing strange tricks with his intelligence. The earth, the air, the elements, wear the yoke and do the bidding of man. Time was, as we know, and not so very long ago, when this order was reversed, when man was the trembling servant of material things. They awed, and frightened, and subdued him. He saw in them the types and expressions of a superhuman and irresistible force. There was a spirit in the hills, and in the valleys, in the clouds and in the storms, which he dared not encounter, and dreaded to provoke. Led by his priests and rulers he fled from the presence of the scourge to the altars of his gods, and there crouched, and shuddered and prayed. To-day, he has bound the giant earth with fetters of steel—he has tunnelled its everlasting hills—bridged its bottomless abysses—dried up its deadly morasses—jettied the impassable channels of its rivers, and reclaimed much of its boundless waste. The iron teeth of his multiform machinery are harrowing its reluctant bosom into fruitfulness, or digging deep in bowels and turning all its hidden treasures into the light of day. The blast-fires of his thousand furnaces, and the myriad wheels, and arms, and hands of his ceaseless industries, make the night lurid with the threat of his power, and the day vocal with the boast of his triumphs.

His towns and cities spring up almost in a night, as if by magic; and where yesterday was naught but the smiling landscape, to-day we see the rush, and hear the tramp of busy thousands in the eager race for wealth. And these men of the new towns, whenceever they come, have left no desert behind them. The swarming hives of civilization are yet full to repletion. The great cities grow greater day by day. Beneath and above the ever crowded streets are new channels for commerce and transit, while the old seems more thronged than before. Fire and water have not only been tamed and disarmed of many of their wild terrors, but subdued and harnessed to the carriage of daily necessity and convenience.

They draw man's burdens and lift his weights; and load

President Walker's Address.

and unload the cargoes of his ships, and boats, and c
They bear the messages of his intelligence on aerial or
marine roadways, over earth and through ocean, and en
him with a kind of terrestrial ubiquity. Faithful servi
are they, whose powers have grown with use; but they
not satisfy their master. They are too feeble and too s
to meet the force and fire of his impatient wishes. Alre
he is anticipating the time when he can substitute then
gentler, stronger and more tractable powers, and conten
uously dismiss them to an eternal repose. His daring
adventurous genius has met and subdued the hide
dweller of the threshold; and the spirits of the earth an
the air must come at his call and do his bidding. E
while I speak he is in earnest converse with them, wring
from superhuman strength the secret of its powers and j
cesses—a secret, which, when won, will enable him to t
night into day, and annihilate time and distance.

The wisdom of the school men is to man now but the
of his mental childhood, which he has broken and thr
away for things worthier of his time and strength.
philosophy has become universal, and seeks the "*raison
d'etat*" of all things in heaven and earth. The old dog
of opinion, which were supposed to define the ultin
limits of man's thought, and beyond which he might
wander on any mental excursion without invading the
rible realm of madness, have been broken down and tr
pled under foot by a skepticism as successful as it was
ing; and these barriers once leveled, new worlds of m
have been discovered and colonized far beyond the ult
thule of our father's boldest thought. Kent, Hegle, Buc
Spencer, Darwin, Tyndall, Huxley, and Bastian are
familiar examples of names which have opened endless
tas to the eye of mind, in regions whose darkness a li
while ago, no light of human intelligence was strong
bright enough to pierce.

The German genius essentially *subjective*, with an in
spection as subtle as profound, has probably touched
last analysis of the powers and properties of mind;
while it has gone hastily like a first discovery through
vast and comparatively unknown country, noting only l

and there its most striking and obvious features, and while there are necessarily many errors and no little confusion in the maps and charts with which it has furnished us, yet there has come one after it who in many respects is greater than itself. And it remained for the Anglo-Saxon Spencer to gather and group and set in the strongest light of reason and common sense all the best and highest results of German thought. For the Anglo-Saxon mind is quite as essentially *objective*, or what we are accustomed to call *practical*.

Its genius is almost wholly utilitarian. It originates and discovers it is true; but then its inventions are machines and methods, its discoveries are powers and processes. It creates only for its needs, and designs only for its ends. It is impatient of all darkness, confusion, waste and uselessness. It cares little for any knowledge, save that which may be applied. It works for pay or it does not work at all. If occasionally it achieves a mental triumph which is for all time; if its feet touch the rock of some ultimate truth which no other step has ever reached it is unconsciously and by accident and while seeking for valuable ores or precious stones; even in the realm of poetry, its greatest bard must needs write for his own acting and for his daily bread, the plays which unknown to himself were to win him the rich guerdon of universal and immortal fame and honor. The Teutonic and Anglo-Saxon races may thus be said to divide between them the whole vast and splendid realm of modern mental conquest; for the Latins are but subordinate colonists in these countries, and the French do but amuse themselves whenever they venture there with intellectual pyrotechnics. I have said thus much on this point, because it was needful to the apprehension of the truth that the whole robust and beautiful issue of our later philosophy were born of the inter-marriage of German and English genius.

But in nothing is the progress of modern thought more distinctly and strikingly marked than in the change and growth of religious opinions; because these being the essence of faith and so long confounded with the substance of virtue, had preserved an unbroken front long after the cohorts of science had carried confusion and death into the

camp of other popular errors. Orthodoxy, save as crystallized insects, and guarded in the strong holds of profitable organizations is already a thing of the past.

Firm faith in the old dogmas is now really held by few whose limited capacity and intelligence does not disqualify them to judge fairly of truth, or whose material interests have not so deeply corrupted their judgment as to blind them to the conditions of any honest issue of fact. To instance in a single point it is perhaps not too much to say, that no calm and cultured mind, either in the churches or without their pale, rejects to-day the conclusions of Darwin with regard to the origin of species. His irrefragable reasoning carries with it so strong a weight of probability, as even without the demonstration of a connecting link, to crush out the possibility of an opposite belief in every candid and capable mind. And the entering wedge of this simple truth has so deeply cracked the gnarled and stubborn trunk of orthodoxy, that the light of heaven already touches and stirs its cold heart, and there is good hope of its being riven into the materials of use and beauty.

Within the last decade an epidemic of free thought has invaded almost every religious community in christendom. The Protestants of France, the old Catholics of Germany, the churchmen and dissenters of Great Britain, and the press and pulpit of our own country have uttered spontaneously and without mutual conference those broad and startling conclusions which have sapped the very life of the old faith.

Biblical criticism has become all at once discriminating, candid, faithful and severe. The apologists strike faintly back with failing heart and strength, and many of them refuse to strike at all. The conflict between science and superstition is nearly over; because superstition must perish with the general acceptance of the obvious truth, that science is mere certainty, or the relation of sameness between things and our notion of them.

These rapid and tremendous changes invite and almost compel speculation upon the theme of their final outcome. Since civilization advances with constantly increasing velocity, and ever greatening force, what will be the end of its

progress and the limit of its achievements? Or shall the one have no end and the other no limit? To us who stand upon the height of fifty years, and can look back over the growth of half a century, the country—the world of our childhood has already passed away. We recognize hardly a common feature in the landscape of the *then* and *now*.

At the same rate of progress—and if we are to judge of the future by the past, the rate must be indefinitely greater—what scene will meet the view of the observer, who shall stand upon the next centennial height? A hundred years hence and whereunto will the world and mankind have grown? What mind so dull as not to have asked itself this question, and have been dizzied by its own response? Then, for a moment, sweep away the limit of a hundred years, and look down upon the innumerable centuries of the far “*to come*” and tell us oh, soul watcher, tell us “what of the night!” “Surely the night cometh and the morning” when man will have subjugated the last rebellious energy of nature, and wear the crown and wield the sceptre of unresisted dominion over all her wild and restive forces. Then universal liberty, convenience, comfort, facility and power must be the inheritance of humanity. Wars must cease, because the agents and facilities of destruction will be such, so many and so deadly, that war will mean the common extermination of the nations that engage in it. The force that brutalizes and degrades will be substituted by the “sweet reasonableness” that melts and subdues.

The magnetic and physical forces of which we see now but the occasional phenomenon and understand hardly anything, will have revealed their laws and methods and become subordinate to the daily uses of man. Universal health and pleasure and long and vigorous life will take the place of the disease and debility which have so long tortured and crippled our race; being as they will be the simple, natural, and necessary effects of that perfect knowledge and strict observance of the laws of life and health, which will then have penetrated and controlled every rank and condition of society. Even now we can see that the coming physician will be he who most largely and accurately possesses, and can most successfully impart to

others a knowledge of the laws of life, and the secret of the powers and properties of those agents which nature has designed to preserve. The average date of human life is perceptibly increasing to-day, and any one can see that with the steady growth of sanitary science it must continue to increase indefinitely, and it is even not difficult to conceive that the general average of human life may far exceed that of the times of Methuselah. In that remote future the thought of what must be the mental progress and power of man strikes us with a sense of bewilderment. We all do know that the intellectual *dwarf* of to-day sees farther than the intellectual *giant* of a hundred years ago, because as we are accustomed to say, the dwarf sits upon the shoulders of the giant. What then will be the mental grasp of the intellectual *giant* of the future? Who besides his own marvellous wealth shall have inherited the knowledge and genius of all past time? When the growing habit of intellectual sincerity, which is even now the tendency in temper of our own times, shall have been developed and purified until the intelligence becomes as crystal to every ray of certainty; when the mastery of subjective and objective truth shall be simply perfect; when nature shall hold in reserve from the grasp of human prescience no dark and stubborn secret; when analysis shall have penetrated the Infinite and opened for itself a clear and easy way to endless progress—when Intelligence shall be the obedient servant of Will, and Will the constant energy of Wisdom; what sort of man will he be who shall embody and voice in himself and his conduct of the issues of life, all these tremendous powers and glories? He will be simply, if we are able to conceive it, the man of that future whose conditions will have made him all that he is and which conditions you and I in our humble degree are aiding to create.

In this connection, therefore, it may be well to ascertain as completely as we can, in a necessarily brief, imperfect and condensed review, the value of the contributions which our own special science is making to the progress of the world.

OUR MATERIA MEDICA.

The growth and development of this department of our profession, in a period within the memory of the youngest member of this Academy are such and so great as to fill the mind with admiration, wonder and hope. Provinge have been multiplied, and methods and arrangements condensed and simplified, until "he who runs may read" accurately and intelligently, almost all the medicines indicated by disease. In this matter, an easy comparison with works of the Old School, will show to any unprejudiced mind that we are justified in the seemingly proud boast that Homœopathists possess the only real and intelligible *materia medica* in the world. The works commenced or completed within the last year or two are wonderful, and those which are foreshadowed for the next few years, make us exult in the capability and industry of the profession, and in the grand future of Homœopathy.

ADVANCES IN MEDICAL ART.

In the mechanics of medicine the improvements have been as numerous, as splendid. New ones have been invented or discovered, and old ones have been tested—"weighed in the balances and not found wanting." Of these we can have space to particularize but a few. Prominent among these is Lister's employment of the atomizer with *Carbolic acid* spray as an antiseptic method during surgical operations and in the treatment of wounds. He deserves a special honor for the tremendous percentage of difference which it has, and which it still promises to make in the safety of operations, and the encouragement it holds out to the surgeon to venture upon more formidable ones, which otherwise would never have been attempted, and without which the suffering victim would have been consigned to the undertaker or the cremator. The results of the antiseptic method have not only been in the saving of life and in the restoration of function, but also in shortening convalescence. All this seems indeed, a miracle of healing; a magical shower of mercy, which insulates the bruised and mangled conditions of life from the poison-

ous and malignant tribes of the atmosphere, until the crippled energies of nature shall have gained time and strength to rebuild their broken walls.

The application of drainage tubes of rubber or glass in the treatment of effusion into the serous sacs—in compound and semi-united fractures, and in spinal, psoas and lumbar abscesses; the use of rubber bandages for ill-conditioned ulcers; plaster jackets in spinal deformities; air and water pads for splints, and employment of thermo-cautery in various surgical operations, are note-worthy examples of improvements in the mechanical department of our art.

It would seem, also, from the improvements in Gynæcology and Obstetrics, that medical science is essentially masculine and gallant, recognizing the claims and paying special attention to the needs and weakness of woman. The nicer distinction made in the application of drugs, and the wonderful progress made, even in the last twelve months, in surgical manipulations of this department, are evidences of the delicate and tender attentions paid to woman. If such things go on; it is not difficult to foresee the day when the original curse shall be lifted from the destiny of woman by the loving and daring hand of science, so that she shall no longer languish under a peculiar burden of suffering, nor bring forth children in pain and anguish; until motherhood shall become in a word, as safe and as pleasant in its processes, as it is divine and holy in its results.

As a means of diagnosis and prognosis, the clinical thermometer is deserving of no small praise. This faithful register of the intensity of those vital fires, which animate or consume, serves for the instant solution of a thousand doubts in the mind of the medical practitioner whose persistence would mean his patient's death. It supplements, and to a large extent substitutes, his own presence in the sick room. It is a sort of ubiquitous eye and hand, by means of which he can accurately test his patient's condition during all the hours of his necessary absence from his side, and thus multiply, by many fold, the chances for successful treatment. The Sphygmograph and the Sphygmaphone have reinforced the sense of feeling, in the reading of the pulse, by the powers of the eye and the ear. The

tell-tale artery now scribbles, in its own hand-writing, and sealed with its own sign manual, the condition of those vital currents on which depends the life and health of man; and it has even found a voice which can penetrate through miles of distance, to the intelligence and culture which must otherwise be excluded from the council whose decisions are fraught with the awful verdict of life or death to the sufferer.

These discoveries would seem to herald the time when the deadliest pestilence may be insulated and throttled by benevolent agencies, which need no longer seek their own destruction in the rescue and relief of imperiled and suffering humanity.

The application of hot water—110° Fahrenheit—for the arrest of hemorrhage, was apparently one of those reckless ventures of empirical medicine, which seemed to sin against all our experience of thermal effect, and whose audacity could only have found justification in its complete success. It should serve to remind us of the eternal truth, that the infinite realm of the untried may yet be clothed with practical omnipotence in the world of healing.

In the study of climatology, also, what surprising advances have of late been made! A few more years of such progress, and we may be able to name with simple certainty, all the climatic conditions of health and disease.

Local hygiene has discovered, and proved by the testimony of thousands of dead and living witnesses, that the sewer is the *savior* of the city; and that no plague, white—or red—or black—or yellow, can stand face to face with clean and thorough drainage. Gradually, as this knowledge increases, and is disseminated, residences in town and country, public buildings, and especially schools, colleges and hospitals, and the whole system of food and water supply and waste, will be so constructed and conducted, that safety, health, comfort and pleasure, will be the natural and easy conditions of every phase of social life; and then will have dawned the glad day when even the *poor shall be rich* in their possession of the gospel of health and life.

Such are a few of the many things which indicate the value of medical science as a factor in the grand product of

the growing welfare of the world. The mission of the Healer and helper is indeed the noblest of which the mind can conceive; and when this divine beneficence, hallowed by purity, and illumined by genius, shall distinguish the whole rank and file of our profession, the triumphs of the past—its victories over the foes of humanity—will seem of little worth, when compared with the greater glories of the future.

I remark in passing, what must be sufficiently obvious to every observer and thinker, that the prevailing spirit of the age, and which especially marks our own country—the growing restlessness of men and women, the rapid rush and deadly impetus of pursuit—is producing its effect in an increasing tendency to nervous disease; and if we would not see the medical victories of the past neutralized or shamed by future defeats, we must be prepared to meet and struggle successfully with this new, and more dangerous development of our ancient enemy. Disease has protean forms, and mastered as he has been in grosser fields, he hopes to succeed in a new and more subtle role. It must be ours to meet him *there* and *thus*; to stand undizied on this outmost verge of material life, and win for humanity a final victory over the fiend, who so baffled and defeated, still pursues, and would destroy her. In view of this new danger, we see with particular pleasure the growing tendency of advanced medical culture to group itself in those departments which are called specialties. This, in my opinion, is as it should be; and it indicates more strongly than any other circumstance, the advance of the profession towards the mastery of every form of disease and suffering. It is doing in the intellectual world what has long been done in the mechanical; and it will be justified, I have no doubt, by those marvellous results, which have uniformly attended the division and combination of labor.

It may be expected that I should speak particularly, in this address, of the comparative rank and efficiency of the Homœopathic division of the grand army of medical science; and I have no motive to shun a reference so pointed and direct. We have now near six thousand Homœopathic practitioners in the United States, and this

shows an increase of one thousand over the estimate of the lamented Carroll Dunham, in the centennial year. We have eleven full-fledged colleges, equipped with every facility and adorned by all the talent and culture needed to give assurance of their large and enduring usefulness.

In literature we have scores of books, where, a few years ago, we had only units; and the books are growing perceptibly better and greater every year; while to notice, and commend or censure these, and to keep us appraised of all the conditions of our rapid growth, we can count our journals by the score. And, which is still more significant of progress, we have achieved, against what a little while ago was a minimum of public recognition and a source of personal and professional mortification to us all, a large and liberal consideration throughout the whole country. Our representatives are named to honorable commissions, and share liberally in the patronage of the government. We are no longer without weight and influence in society. The day is past when, at the instigation of professional jealousy, we could be ignored, slighted and contemned.

We have names of world-wide reputation and enduring renown. And all this gratifying consideration has come unsought; has overtaken us in our quiet pursuits of the great ends of our profession; and, almost unconsciously to ourselves, has crowned us with glory and honor. Of this fine success the west has been and is no inconsiderable factor. Within the legitimate scope of this Academy we have not less than three thousand practitioners, and the attendance upon its annual sessions has been about 5 per cent. of the practitioners for the seven years of the existence of our organization. In proportion as the number of practitioners increase, so, doubtless, will the active members of the Western Academy. We have thus, for mutual, denominational and professional gratulation, the strongest and most solid grounds; and may not unreasonably indulge the hope of a much larger, and more splendid, professional and social success for the west and for the whole country, in the near and remote future.

It is the custom, I believe, on occasions like the present, to take some note of the vacancies which death has made in

our denominational ranks during the months that have elapsed since the last annual meeting of this Academy; and this custom, it seems to me, is as creditable to our *own* piety, as it is honorable to the reputation of the men who have passed away. It is such a holy and beautiful embalming of the memory of their genius and worth as may prevent for a longer or shorter time, the natural decay of forgetfulness. It is the antiseptic of affection. It is the scattering of flowers upon the clay, or the hanging of wreaths upon the urn of the departed; which, though they soon may wither, will yet long bind the hearts that conceived and the hearts that caressed them, and apprise even the indifferent passer, of the precious quality of that dust which his careless foot might otherwise profane. We have time and space to name but a few.

W. H. Woodyatt, the eminent oculist of Chicago, one of the founders of the Chicago Homœopathic College — a member of the faculty of that institution, and one of the brightest members of this Academy, died young in years and full of promise, February the 24th, of this year.

On the 24th of September, last, passed away the renowned and scholarly Charles Julius Hempel — almost the father of Homœopathic literature — blind, and paralyzed, yet praying with his latest breath for the success of the youngest-born of the children of his mind.

On the 10th of last November, at his home in Madrid, died the venerable and celebrated Marquies de Nunez — the pioneer of Homœopathy in Spain.

In this connection, I will take the privilege of speaking of one, who, although he died more than one year ago, yet for his many good qualities of heart and head deserves a niche in the shrine of these immortals. Diedrich Reinhard Luyties, of St. Louis, Missouri, died of fatty degeneration of the heart, January 10, 1879. During the twenty-five years of his practice in St. Louis he did more to establish Homœopathy in that city, than any practitioner of our School. His quiet, unassuming manners — his unblemished personal character, his kindly heart, and the careful consideration of all the symptoms of the patient placed in his charge, endeared him to his patrons, and excited the admiration of his personal friends.

The passing away of such men seems to beggar life and enrich death. Of course we know that this is not true; that all that is best and greatest in the life of man survives him, and serves to enrich his successors in the world of mind; yet how willingly in the presence of the pain of the heart, would the intelligence forego its sad inheritance for the personal presence of him who gave it. I am reminded by this sad theme; that the oldest Homœopath in America, at once, the Nestor of the Homœopathic army and the Patriarch of the Homœopathic denomination yet survives in apparent health and vigor, at his home in Philadelphia. And long may he live to be gratified by the honors which the whole family of our school of medicine in this country and in all European countries delights to heap upon the hoary and reverend head of Constantine Hering.

And now, gentlemen of the Western Academy of Homœopathy, I have but to thank you, which I do most gratefully and sincerely for the unmerited honor of my election to this chair; for the gentle kindness which could forget my lack of qualification for the place in its impulse to reward my zeal for the cause, for the patience with which you have listened to the lame expression of my discursive thoughts and to utter a word of congratulation and farewell.

From this height which is your birthplace and your home, you can look abroad over your possessions, present and prospective. From the river to the western sea "the whole boundless continent is" yours. It is a goodly land, and you have but to go up and down and possess it. If you have enemies inside or outside of your ranks, conscious of the rectitude of your own intentions and the kindness of your own feelings, you can afford to forgive and forget them. You have enough to think of in the field which lies before you, and the work which must be done. The influence of the west upon the civilization of this country is already vast and profound, and it is destined to be greater in the future than it has been in the past. Here throbs the mighty heart of the continent; and from this valley and its tributary plains must issue the tide which circulates in every vein and artery of the country's prosperity. The growth and future of this valley are a subject of specu-

lation which I fear to touch. The vision is too vast and splendid for any human forecast. Here — where we might hide all the living tribes of men and feed them for ages and still have room and substance to spare — who is bold enough to imagine what shall be when the hands of time and development shall be lifted and joined in infinite benison on hill and vale and mine and stream! To that future I commend you in the earnest hope that you may be capable of its grand duties and worthy of its high honors.

ST. LOUIS MEDICAL SOCIETY DISCUSSIONS

MARCH 8, 1880.

Dr. Campbell lectured on the ophthalmoscope. He referred to the old belief that light was emitted from cats' eyes in the dark, and explained why the pupil of the eye always appears dark. He gave the history of the ophthalmoscope, and explained its principles and mode of use, and dwelt upon its importance in examination of the eye. He exhibited and explained several kinds. It was the most difficult of all instruments to master and its use might be considered a specialty within the specialty of ophthalmology. Many celebrated oculists being far from masters with this instrument. Other than eye diseases may be diagnosed by its assistance.

The doctor related that in the case of a child brought before the State Medical Society at Kansas City for diagnosis, he saw a condition of the eye that accompanies tubercular meningitis, and made that diagnosis with a prognosis, which was subsequently quite accurately verified. The case resulting in death at the time expected.

In another case at the Good Samaritan Hospital which was pronounced brain softening by the hospital staff, the doctor with his ophthalmoscope detected a descending neuritis which led him to affirm that there was a tumor at the base of the brain. At the *post mortem* a tumor was found as indicated. Plate illustrations were exhibited to explain the different appearances of the retina in albuminuria.

The lecturer thought that physicians having sufficient eye practice to enable them to become familiar with its

use should by all means have them, but to those whose eye practice was limited the instrument would be practically worthless.

Dr. Valentine.—These illustrations represent the retina in albuminuria. Does the retina have a uniform or exact appearance to be looked for in the normal eye?

Dr. Campbell.—The retina is red, resembling in color the mucous membrane, but is variable, being darker in dark complexioned persons and lighter in those of light complexion. In albinos it is almost white.

Dr. Valentine.—Is there danger of injuring the eye by reflecting light into it for examination?

Dr. Campbell.—Not, if properly done.

The eye should not be burned out by focusing sunlight into it as I heard of a doctor's doing once. Artificial light should be used. I use a blue shade to counteract the yellow rays of gas-light, though this is not customary because it renders the examination rather more difficult as it diminishes the intensity of illumination, but it is better for the patient.

Dr. Morgan.—In your remarks you spoke of seeing the cause of specks before the eyes or *muscae volitantes*: what is to be seen and where?

Dr. Campbell.—I did not mean to be understood as saying that the cause of *muscae volitantes* could be seen with the ophthalmoscope; it is very seldom that this is so, for they are usually microscopic if to be seen at all. I referred to those foreign substances or vitreous opacities which float about in the vitreous humor, and which may be seen if the interior of the eye is illuminated properly with the ophthalmoscope.

Dr. Edmonds.—Are not *muscae volitantes* from functional or nervous disturbances rather than from the presence of anything before the retina?

Dr. Campbell.—Yes, there is a form of *muscae volitantes* depending upon functional or nervous disorder, and there is a distinction between this form and other varieties. Possibly nine persons out of ten are to some degree liable to see *muscae volitantes*. The causes that produce it may be various. *Muscae volitantes* proper is the result of purely a physiological change—the debris of cells in a state of mucine metamorphosis.

*CLINICAL REMARKS ON THE SUBJECT OF
AFFECTIONS OF THE HEART.*

BY DR. MARTINY.

[Translated by Roswell D. Valentine, M. D., Vermont, Ills.]

We have seen how little our allopathic confreres are agreed in the employment of digitalis, and in the treatment of acute endocarditis. It might be thought that at least opinions would agree when the question is of explaining the different disorders of cardiac lesions. Not at all. While each author has his own treatment, each one has his own theory; and so it ought to be. It is necessary to endeavor to explain, or rather to excuse what one does.

In order to give an idea of the pathological phenomena of diseases of the heart, we have a long time been supported by the theory of *asystole*; it is at the present day gravely rejected. "This theory of *asystole*, says Peter, introduced into the science by Bean, and whose seductive simplicity has especially made its fortune, I am going to try to discuss it physiologically and clinically." After a series of considerations and reasonings, Peter closes by saying: "For all these reasons it is impossible for me to adopt the doctrine of *asystole*, which is too insufficient; and I hope to substitute for it a theory more comprehensive, the development of which will appear naturally in the course of these lessons."

Here is not the place for explaining the theories of the French clinical savant; they will pass away like the others. But I say, they are already strongly combatted in the work of M. Lee, published one year afterwards. "The clinic," says he, on the second page of his book, "will show you each day the number and extent of the gaps which remain to be filled up in the history of diseases of the heart; and while bringing new and important materials to this vast pathological edifice (the numerous volumes published on the subject), it will cause you to discover at the same time its fragility."

But in his turn Toussagrives introduces his manner of viewing things: "By the side of *hypersystole* and of *asy-*

tole there is also ataxisystole, in which the heart exhausts itself in an exaggerated but useless physical labor, which is always joined with the frequency of the beats." Ataxisystole is a new phantom. Each year new ideas will arrive which will overthrow the old ones.

It is also an error to think that even in diagnosis, opinions are concordant; is it at the apex, or is it toward the middle of the heart where is found the maximum intensity of the murmur of mitral lesions? One claims that it is at the apex, another teaches that it is on a level with the nipple; we are of the latter opinion; it is quite natural that the sound should be more intense on the same level of the lesions which produce it.

For the rest, the diversities of view upon the subject of the sounds and physical signs of the different cardiac lesions are so marked that M. Lee does not fear to write: "Aortic insufficiency is the only affection which presents constant and pathognomonic physical signs." (1.)

The same confusion occurs when the question is of the prognosis and of the importance of different lesions: "You all know," says M. Lee, (2) "that diseases of the aortic orifice are of less importance than those of the mitral valve."

However, the greatest number of authors who are occupied with heart affections, are of a contrary opinion; aortic narrowing, it is true, is a lesion less important. "It is not the same," says M. Dujardin-Beaumetz (3) as insufficiency which, on the contrary, is an affection accompanied with serious troubles of the circulation."

Finally, M. Peter establishes in his turn, a distinction between the different cases of aortic insufficiency: "Aortic insufficiency without concomitant lesion of the aorta;" this is, he says, "the least frequent case. Aortic insufficiency, with lesions of the aorta, this is by far the most usual case," and further on he adds: "In such cases (when there is concomitant lesion of the aorta) the insufficiency, contrary to that which some authors say, is more serious than all other cardiac affections."

Finally, M. Lee seems to ridicule the authors who have described with a profusion of details, aortic diminution.

(1) See loc. cit. p. 5; (2) Loc. cit. p. 3; (3) Loc. cit. p. 126.

Affections of the Heart.

"This lesion," he says, "seems from day to day more and the more one looks for it, the less he finds it."

And, as if all were confusion on this subject, there diseases of the heart which do not manifest themselves any sign, neither physical nor stethoscopic. These are ones which M. Lee calls spiritual, or defaced, or concealed forms; and after this author they will be very frequent

Poor theories! Professor Peter, after numerous searches, as intelligent as wise, advances a method explaining the phenomena of angina pectoris. Here is shaft which his confrere M. Lee lets fly at him: "As angina pectoris, its study is still enveloped in obscurity in spite of the laudable attempts recently undertaken Professor Peter, whose genius and talent you all know."

Obscure. III. M. X., whom I had treated in several attacks, and who had been much surprised at the results obtained by our infinitesimal doses, recommended me one of his farmers, who, it was said in his village, "wast ing away." He came to me the 7th of May, 1879: was a man aged fifty-five years, of a fine constitution, who had never been sick before, when toward the end of the year 1878, he experienced an extremely violent emotion; one of his children suddenly had before him an attack of epilepsy. He thought the child was dying from this moment his health troubled him continuously. His digestion had been difficult, but little by little, however, his appetite had returned, the stools were regular, that which persisted and appeared even to increase, insomniac, agitation and palpitation of the heart; there even vertigo. The precordial points were above the navel and tinglings accompanied by a burning heat in the fingers of the left hand. The pulse was strong and accelerated; upon auscultation and percussion of the heart there was nothing abnormal except the tumultuous energetic beatings which violently elevated the stethoscope. The first sound was dull. If I had been consulted by a patient only a little after the accident, I should have probably limited myself to some hygienic recommendations. I persuaded that this cardiac trouble, due to a strong emotion, would not continue; but for five months the sy

toms, instead of improving, on the contrary, increased in intensity; almost entire absence of sleep, almost disappearance of appetite, the wasting was such that the relatives and friends of the patient believed him lost.

Treatment—Aconite 6th during 4 days (acon. 6th, gtt. Lac. lac. 20 centig.) to be dissolved in 12 spoonfuls of water, 3 spoonfuls a day; then Belladonna 6th 4 days, and finally cactus 6th, four days; this treatment brought rapidly enough a certain relief; I continued thus. The amelioration went on progressing, and in the month of August, the patient was completely and radically cured.

Far from us the idea of thinking that we have here cured an organic affection of the heart; it did not exist in this patient; but there was such an increase of action of this viscus, that such an excitation would not have continued long, without bringing material disorder on the part of the organ itself, and functional troubles to the whole system. There were already vertigo, dyspnoea, etc.

Aconite, all physiological experiments prove, excites cardiac action, brings strength and fullness of the pulse, with an energetic shock of the heart, violent palpitations and even precordial anguish. The great law of similars then indicates it here, but one symptom of which the patient complained much, a binding pain on a level with the nipple and radiating a little to the side of the shoulder, had suggested to me the idea of another remedy to follow aconite—cactus, which presents precisely this symptom in its pathogenesis.

Cactus grandiflora; each time that I have pronounced this name before an allopathic confrere he stares; it is an unknown remedy, which does not figure in the allopathic pharmacopœa. There exist a good number of such which the old school do not know, or rather do not wish to know, because they have a homœopathic origin. They are studied and employed during a time more or less long by our adepts, then some fine day an allopath makes pretense of discovering them, and announces to the medical world a new and unknown medicine.

The history of Gelseminum and Podophyllum would be able to prove that which we advance.

The pathogenesis of *cactus grandiflora* has been made by Dr. Rubini, who considers it a medicine analogous to aconite. Dr. Meyoffer, of Nice, thinks that this remedy exerts particularly its action upon the cardiac muscle itself, whilst aconite, according to all researches, acts rather upon the nerves of this organ. Our clinical experience confirms the view of our confrere Meyoffer. We shall have occasion to say a word about it, *apropos* of an observation concerning angina pectoris that we shall relate further on, and where *cactus* has produced the best results.

Our third remedy was Belladonna. We would have perhaps cured without it, but we have thought it well to administer it, because it responded to an indication of causation; the affection had originated after a very lively moral impression with great fright.

But, it will be said, why did not you not stop at a single remedy, aconite, or *cactus*, or belladonna; why alternate them without waiting till one of them had exhausted its action before commencing the other? This touches upon the great question of the alternation of medicines which we propose to discuss later. While waiting, we prove that we have cured our patient in alternating medicines, and perhaps on account of this alternation.

[To be Continued.]

MALTINE OR DIETETIC SPECIFICS.

BY T. G. COMSTOCK, M. D., ST. LOUIS.

Mr. Editor of the Review:

I take this opportunity of calling the attention of the profession to the several preparations of Maltine as prepared by Messrs. Reed & Carnrick, of New York. After an extensive trial of them in private practice, as also in the Good Samaritan Hospital, I take pleasure in saying that I recommend them as worthy of confidence.

In patients convalescing who are debilitated, anæmie, nervous and weak, whose systems have been wasted by disease and require repair, but whose symptoms scarcely

call for any drugs or active medicinal agents, maltine, or some one of its combinations, will be found to be very beneficial. Maltine is a combination in a highly concentrated form, of the most valuable constituents of the best nutritive cereals—such as oats and barley, being rich in diastase, and when administered improves the nutrition; adding elements to the system which vitalize the blood and give it the power of strengthening the muscular tissue. Maltine also contains phosphates, and diastase, that peculiar principle which assists the digestive process, and converts starch into dextrine and glucose, so that the assimilations of nutritive substances is materially favored by its use. With maltine as a menstruum, a variety of medicinal agents are held in solution, such as iron, hops, chloride of calcium, phosphate of iron and potash, cod liver oil, Yerba Santa, etc.

In a large number of cases with anæmic conditions when maltine ferrated has been used, beneficial effects have followed. In cases of certain pulmonary affections, especially bronchial catarrhs, maltine combined with Yerba Santa (Malto-Yerbine), has been found very useful. Of all the preparations of maltine, the maltine with peptones has given the best satisfaction. In cases of complete debility, especially among females, this preparation has seemed to improve them, and moreover the preparation is agreeable and can be easily taken; indeed we might say, that these preparations of maltine seem to have almost filled up a gap in our therapeutical resources and given us dietetic specifics.

A CURE FOR HYDROPHOBIA.

A Simple Weed that Grows by the Wayside—History of the Cure.

[From the Albany Argus.]

A lady handed a reporter, the other day, a slip of paper asking him if he would not publish it for the benefit of the public. It was found to be a simple but effective cure for

that dog-day terror, hydrophobia. The cure which experience has proved to be infallible, is nothing more than the root of a common weed known as elecampane, steeped in milk. Elecampane grows in great profusion along many country roads in this and Rensselaer counties. It has powerful medicinal qualities, and milk is well known to be a specific for many poisons. The manner of administering the antidote will be learned by a perusal of the following history of this simple and wonderful cure:

In Chester county, Pa., lived a German named Joseph Emery, who used to be sent for far and wide when anybody had been bitten by a rabid animal. He went to his patient, carrying something, understood to be a root, which he himself dug in the woods. He milked a pint of milk fresh from the cow, put the root into it, boiled it, gave it to the patient fasting; made him fast after taking it; gave a second and third dose on alternate days and never failed in effecting a cure. In some way his secret transpired, and the root was known to be the elecampane.

The story current in the country was that an old German made the discovery in the days of Penn, and applied to the Pennsylvania Legislature for a grant of \$300 for making his secret public. His offer was treated with contempt, and he resolved that his secret should die with him; but a drunken son knew it, wrote out the recipe, making a number of copies, and tried to sell them at \$1 a piece. He only succeeded in selling two—one of these to the man who made such effective use of it. So well did he establish the local reputation of his specific that in his neighborhood folks were not afraid of mad dogs. This man never failed to cure or prevent hydrophobia. In one case the spasm had begun before the first dose was given, and the patient recovered.

COLORADO CURE.

The People who are Benefited by that Climate.

[Colorado Springs Correspondence.]

Persons suffering from any of the following diseases, will be greatly relieved if not permanently cured by a sojourn

here, especially if they will subject themselves to judicious medical treatment suitable to the climate and their changed condition. The Iron and Soda Springs at Manitou, five miles distant, with which there is almost hourly communication by rail and coach, will prove reliable adjuncts in the good work:

General debility, nervous or otherwise, arising from malarial causes or overwork, mental or physical.

Consumption in its earlier stages; diseases of the liver, stomach, spleen, bladder and of a uterine nature. Bronchitis and asthma, organic and functional scrofula in all its protean forms, nasal and pharyngeal catarrh, especially when contracted in damp localities, and chronic malaria poison and its many complications.

I know that bronchitis will be relieved, if not entirely cured. Have a case in my own family. Mrs. C. had been afflicted with it for several years before we came here. Three months' residence has entirely relieved her.

I had determined to advise no one to come here, either for health or fortune, but the certainty of finding relief from bronchitis and asthma is so clearly manifested in the case of Mrs. C. and others that for once I break my resolution, and urge all persons afflicted with these distempers to come.

Insomniac persons will be greatly benefited by this climate. I cannot give the reason. Some attribute it to an unusual amount of ozone in the atmosphere. I speak from personal experience on this subject. In no other land have I ever found sleep so gentle, so sweet and so refreshing. The sleep of adults is as calm and profound as that of an infant's, and there is no courting of the charmer. She comes unsought like a good angel, and spreads her oblivious mantle over wearied soul and body, and you know nothing till next morning, when your first perception will be the unspeakable glory of Cheyenne as you gaze on its purple sides through the chamber window.

There is another class that may rely on finding relief—the obese. If there be any unhappy wight who desires to lose some of his avoirdupois, let him come. One singular feature in our population is, there are no fat people here. If the

Prince of Wales had only known this in his day, he would have avoided Beau Brummel's heartless inquiry. People afflicted with consumption and Bright's disease in the advanced stage, or laboring under organic disease of the brain or heart, or nervous affection depending on organic lesion, had better remain away.

In case of consumption in an advanced stage, however, this much can be said: The patient's pathway to the tomb is smoothed by an almost utter absence of physical suffering. Death generally ensues suddenly and without pain, life simply going out like a candle.

Book Notices.

PATHOGENETIC OUTLINES OF HOMŒOPATHIC DRUGS.—BY DR. CARL HEINIGKE, OF LEIPZIG.

Translated from the German by Emil Teitze, M. D., of Philadelphia—576 pages—price \$3.50. Published by Boericke & Tafel, 1880.

Being asked, by my friend, the editor of the REVIEW, for a notice of the above mentioned work, I respond with the following:

I must take slight exception, in the first place, to the title of the book. The two hundred and fourteen drugs presented are not *homœopathic drugs*. The title "homœopathic" is misapplied. There is no such thing as a homœopathic drug; but there is such a thing as the homœopathic *action* or *use* of a drug. Opium acts homœopathically, when being used in a certain form of apoplexy or constipation; but *allopathically* and *palliatively*, when used to deaden sensibility or check diarrhœa.

Let us apply the term to all that it should properly qualify and nothing more.

The book of Dr. Heinigke treats of the pathogenetic outlines, or the *pure, positive* effects of drugs in the human body—of drugs which may be homœopathic or allopathic according to the use made of them.

The error committed is not a fatal one. The cover bears the title as it should read—"Pathogenetic Outlines of Drugs."

I speak of it to call attention to the frequent misuse of the word *homœopathic* by authors and publishers.

In the second place I must take slight exception to the author's "Introduction."

In place of going on to state his method of gathering and sifting the material for his book, and of explaining how he arrives at his "generalities," and whether his generalizations are from the symptoms furnished by drug action upon *healthy persons* alone, or upon the *sick* as well, he devotes the entire introduction to the discussion of "Homœopathic Drug Potencies and their Preparations."

Anxious as the author may have been, and great as the necessity may have seemed, to have a vindication of our pharmaceutical measures placed before the public, he erred in making use of this volume for the purpose.

And, looking into the "introduction" we find statements and teachings very questionable if not positively at variance with the truth. For example, on page 14, it is said—"That which is the *qualitative* in drug preparation, produced by percussion and trituration, is the essential and important element for the production of *specific* effects such as are required by the homœopathic method of cure. The *quantitative proportion in the attenuation* of our preparations, on the other hand, is a matter of indifference to us, for the very reason that it is a rule of the homœopathic method to employ, for curative purposes, doses of the intended specific, as small as possible." Whatever, now, may be the opinions of the author, in regard to "drug potencies," and the effects of trituration and succussion, it is hardly true that, any considerable part of the homœopathic profession, believe that the *quality* of medicine is "produced" by those processes, or changed, unless indeed, every atom of the medicine is washed away, and so the *quality* as well as *quantity* is dissipated and gone.

The *quality* is inherent, and not imparted to the drug by the manipulations of the pharmacist. The *availability* of the *quality* is increased by trituration and succussion in a very plain and simple manner.

There is no mystery about it and no need of mystic phrases or exaggerated claims of peculiarity.

"The *quantitative proportion in the attenuation* of our preparations," may be "a matter of indifference" to some in our school, but not so to the vast majority.

There cannot be much *indifference* among those who shun attenuations above the 30th, nor with those who fear the saturation of a patient when giving anything so low as the 200th.

Quantity, after all, would seem to be a matter of some concern.

But, enough with regard to the shell. Looking within we find a very thorough and practical arrangement of drug effects, one calculated to bring our extended symptomatology within the comprehension and ready reach of the student and practitioner. My examination of what has been gathered for arrangement, leads me to regard this part of the author's work as very faithful.

Of course there could be very little of original discovery, the material taken being that already in the hands of the profession, in one form and another.

The value of all epitomes and condensations and arrangements must depend, primarily, upon the reliability of the materials, the symptoms handled.

If one half of these are spurious, then the epitomes, condensations and all other arrangements, based upon them, must necessarily be defective.

After the name and common synonym, the author speaks of the *preparation* of the drug, its *duration of action*, and its medicinal *antidotes*.

He then gives what he terms the "*generalities*" of the drug, or the general range of its influence upon the human organism. These outlines are clearly and truthfully drawn, so far as the accepted symptomatology may enable him to go. At times they are exceedingly clear-cut and strong.

After the generalities come the *specialities*, or mention of the organs and tissues most prominently and lastingly affected by the drug. For example, *Cina* is represented as acting thus upon the *nervous system and brain*, before the *organs of sight* and upon the *spinal marrow*.

In some cases, immediately after the "generalities," the author groups the symptoms of the drug under headings like these—"Organs of Circulation," "Organs of Respiration," "Organs of Digestion," "Urinary and Sexual Organs," etc.

Of course the exhibit of some drugs is quite full, while of others it is very meagre, owing to the difference in thoroughness of provings, and extent of applications made in the clinical field.

While I recognize the value of works like this, I must say that they cannot be depended upon in lieu of the original record. We must regard the *possibilities* of materia medica, as well as the fully accepted *facts* of materia medica, shown in the results of medical practice.

This effort of Dr. Heinigke, as well as those lately made by Dr. Jessen and by Dr. Cowperthwaite, are very commendable and worthy of all encouragement.

Whatever enables the student more readily to grasp the immense display of symptoms furnished by provings and the records of toxicology, or whatever enables the practitioner to make a more rapid and correct comparison of drug effects with the symptoms of the case before him is of great value.

Having a dictionary of words does not obviate the necessity of a reading book, nor does a reader obviate the necessity of a dictionary. We must read and spell, and spell and read, if we are to be successful in the understanding and use of language.

Dr. Tietze has laid all English reading people under a debt of gratitude, for bringing this work of Dr. Heinigke out of German into English. And the thanks of the profession are due to the publishers and printers for excellent paper and clear type.

What I said, at the outset, about the shell of this nut, must not be taken as in any way derogatory to the *kernel*.

Nashville, July, 1880.

J. P. DAKE.

THE ANNUAL SUPPLEMENT to the Monthly Review of Medicine and Pharmacy, Philadelphia.

OVARIAN TUMORS.—By Edward Borck, M. D., St. Louis, Mo., 1880, Hugh Hildreth Printing Company.

A CASE of compound fracture of the wrist, by same author and Publisher.

LUYTIES' HOMOEOPATHIC CIRCULAR, August, 1880. Headquarters in the West for the latest books, purest medicines and best surgical instruments, 306 N. 5th, St. Louis.

THE EFFECTS OF TRITURATION with Observations on the limit of mechanical divisibility of metals and hard substances. By C. Wesselhoeft, M. D., Boston. From the Author with regards.

GOLD AS A CURE FOR DRUNKENNESS.—Being an account of the double chloride of gold discovery recently made by Dr. L. E. Keeley of Dwight, Ill. P. D. Cordell, St. Louis, Sole Agent for Mo., Ark. and Texas.

THE INTERNATIONAL SURGICAL RECORD. A Weekly Journal, New York, Vol. 1. No. 1, \$5.00 per annum. This is a new Journal and like Dr. Tanner, is filling (Aug. 12,) a long felt want.

SMITH'S LIST OF MEDICINES comprising all medicines mentioned in Homoeopathic Literature. 164 pp. Henry M. Smith, M. D., Smith's Pharmacy, 107 4th Ave., New York. This catalogue is the very perfection of elegance and good taste.

CONSUMPTION AND TUBERCULOSIS.—Notes on their treatment by the Hypophosphites, 2d edit. by J. A. McArthur, M. D., Boston, Mass., 1880, Alfred Mudge & Son, 34 School Street. From the Author with compliments.

AMERICAN NEWSPAPER DIRECTORY, 1880, by Geo. P. Rowell & Co. New York, containing accurate lists of all the newspapers and periodicals published in the United States, Territories and Canada, 1044 pp. A very handsome book and wonderfully accurate. No editor or advertiser can get along without a copy at his elbow. Next best thing to a dictionary.

Editor's Drawer.

PROF. S. B. PARSONS with his family is spending the summer at his lake-side cottage on Lake Minnetonka.

PROF. WALKER and family are also summering at some of those famous resorts in the Minnesota country.

DR. T. J. COMSTOCK and wife have gone East on their annual trip to Niagara Falls, Saratoga, Thousand Islands and the Seashore.

THE REST OF US are at home taking in the Ducats, *buying government bonds*, and having a good time.

PROF. A. C. COWPERTHWAITHE of the University of Iowa, was tendered the Chair of Materia Medica in the University of Michigan.

CHIAN TURPENTINE is getting a wide reputation as a cure for Cancer of the Uterus. We want to hear from our Gynæcologists on this point also. An adverse report has reached us from England.

OOPHORECTOMY.—This is the removing of the Ovaries—spaying—for the cure of epileptoid diseases, Hystero—Epilepsy or Catalepsy, known as Battey's Operation.

It has now been performed several times by Drs. Sims and Pallen of New York, and Goodell of Philadelphia, and claimed with great *eclat*, as a grand success. It is spaying for reflex disease.

DIED.—Dr. C. H. Von Tagen, of Chicago, July 29th, of Traumatic Peritonitis, following on operation for stricture of the rectum. He had been blind for nearly a year, and was married only six weeks before his death. At one time he was a surgeon of promise.

DIED.—Suddenly in Philadelphia, July 23d, Dr. Constantine Hering, in his 81st year. He was perfectly well to all appearances, had attended to his patients during the day, and had retired. Mrs. Hering hearing his bell, found him prostrated and yawning. She sent for assistance, but he expired before any one arrived, at 10:30 P. M.

Thus passed away peacefully and gloriously the oldest and greatest of us all—our scholar, our Nestor, our veteran, our friend. His life and his works are familiar to you all, and no endearing words of ours can add to his world-wide fame. His memory is embalmed in all our hearts. We shall not look upon his like again.

We shall not go East via Indianapolis. The monsters that inhabit the drinking waters of that doomed city, as pictured in the *Indianapolis News* of July 13th, by Dr. M. T. Runnels, has induced us to accept *a pass* by another route. Stir 'em up, Moses, in your native *bullrushes*, and you shall enjoy the sweets of purification.

We have'nt heard of Comstock, Hale nor Ludlam, Eaton, Franklin nor Beckwith, nor Helmuth performing this new operation yet, but we are looking for them to demonstrate everything, evil or good in Gynæcological Surgery. The charge that it unsexes the woman is stoutly denied by the ladies who have been operated upon. The phrodisiac enjoyments and desires remain unimpaired.

UNIVERSITY OF MICHIGAN.—Another good man gone up higher! We are pleased to learn that Dr. H. C. Allen, has been elected to the chair of Materia Medica and Therapeutics in the Homœopathic Department of this School. This is a good appointment. May he have better luck than did Morgan, Gilchrist or Jones who have gone on before. Dr. Allen has heretofore successfully filled professorships in two of the best colleges in this country. In this new field we wish him success.

THE QUESTION OF THE HOUR.—Where shall we send our medical students? We say without hesitation, recommend them to come to St. Louis. Our mild climate and genial people have made St. Louis a favorite resort for medical students for many years. They are welcome to our homes, as young gentlemen in pursuit of scientific knowledge, and not regarded and treated as barbarous rustics, who have come down to prey upon us during the winter months.

And then, there is no part or branch of medical education taught anywhere, that is not taught equally well here. Students who attend their second course in our college, invariably claim our Faculty to be the ablest they have listened to. We used to consider this as bordering on flattery, but we have now heard it so many years, that we have come to believe it ourselves. The reputation of any Faculty rests solely upon the opinions of its students and graduates. If a lecturer cannot please the students, he will injure a college, and ought to withdraw, whether his accomplishments be few or many. The St. Louis Faculty is well known for its talent, and our graduates are successful in after life.

Our Clinics and Hospitals afford every advantage for study, and we have abundance of *free dissecting* material from our Hospitals and city Morgue furnished by law. *No other city or college in the world does this.*

So popular are our lecturers, that it is no uncommon thing to have numbers of old school students drop in to hear us. Good lecturing is a rare gift, and there is as much in the manner of saying a thing, as in the matter, to be able to hold a class which has been for hours taking notes and sitting on hard benches.

Other cities may boast of their attractions; their gilded palaces and galleries of art, magnificent drives and superb parks, grand churches and ancient universities, but St. Louis has them all; and in all that pertains to education and culture, she stands at the front. For further proof, see *Ad.* on 4th page of cover.

HOMŒOPATHIC COLLEGE FREE DISPENSARY REPORT.

CORNER 10TH AND CARR STREETS.

Whole No. treated to August 1st in Surgical Clinic.....	881
“ “ “ “ “ “ “ “ Gynæcological Clinic.....	331
“ “ “ “ “ “ “ “ Eye and Ear “	265
“ “ “ “ “ “ “ “ Neurological “	185
“ “ “ “ “ “ “ “ General “	3106

Grand Total..... 4768

DR. S. B. PARSONS, Surgeon.	DR. J. MARTINE KERSHAW, Neurologist.
“ WM. A. FORSTER, Assistant.	
“ WM. COLLISON, Gynæcologist.	“ HENRY J. DIONYSIUS, Out-door Physician and Acting Physician to General Clinic.
“ JAS. A. CAMPBELL, Oculist and Aurist.	

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.—Semi-Annual Meeting will be held in the City Hall, Brooklyn, September 7th and 8th.

Through the liberality of the King's County Society, the social success of the meeting is guaranteed. The State Society will be entertained at Hotel Brighton, Coney Island, on the afternoon of the second day. Transportation from Brooklyn to the Hotel and return, together with dinner tickets, will be furnished by the King's County Society.

HOWARD L. WALDO, Rec. Secretary.

The HAHNEMANNIAN just to hand, (Aug. 13.) It contains a review by Dr. Dake of Dr. Wilson's report in the July Advance of the Berridge fiasco at Milwaukee. Dr. Dake shows the true inwardness of the

whole affair and is an eye-opener sure enough. Young blooded stock is imported from England—a *Cloud-lander*—where not one *Orgonon* is read or sold to an *hundred* here in *America*, to tell us we ought to read it more. Dr. Wilson the president, had a resolution introduced to throw Dr. Berridge upon the Institute right in the middle of Dr. Dake's Bureau (*Materia Medica*.) This was rejected, but Dr. Berridge was allowed to read, "How to advance Homœopathy" before the bureau opened, in which he charged a "fatal error" upon Carroll Dunham; and here was the milk in the cocoanut that raised such a storm of indignation, which by the next morning swept everything before it, and which will not be forgotten soon by the "distinguished foreigner." The address and the remarks thereon are to be found in the *Medical Journals*, though properly expunged from the official proceedings.

The use in March by Dr. Wilson, of the term "fatal word"—and in June by Dr. Berridge of "fatal error"—and both in connection with Dr. Carroll Dunham, looks very much like a *gemini* birth, though the accouchment was only one-half of it in the "mother country."

AMERICAN INSTITUTE OF HOMŒOPATHY—BUREAU OF ORGANIZATION, REGISTRATION AND STATISTICS, 1880-81.—The Bureau for the ensuing year is constituted as follows: I. T. Talbot, Boston; H. M. Smith, New York; B. W. James, Philadelphia; J. Pettet, Cleveland; R. B. House, Tecumseh, Mich.; Philo G. Valentine, St. Louis; T. F. Smith, New York; M. T. Runnels, Indianapolis; Lewis Sherman, Milwaukee.

The work accomplished last year in gathering statistics from the various Homœopathic Societies, Hospitals, Dispensaries, Colleges, Journals, etc., will render future work in this direction easier, as well as more systematic and complete. But there are many institutions under Homœopathic care and management which were not reported last year; there are new ones which will be established this year. What means can we take to secure a report from all these? Moreover, how can we have these institutions annually represented by delegates to the American Institute of Homœopathy? What other comes legitimately under the charge of this Bureau? Can we do anything to stimulate societies and institutions to more and better work? What suggestions can you offer? What work will you do for the Bureau and through it for the Institute and for Homœopathy?

Hoping that our Bureau will do more valuable and efficient work this year than ever before, I am, very sincerely,

I. T. TALBOT.

Boston, July 31st; 1880, 66 Marlborough Street.

Well, how's "my Valentine" and his wife? Didn't we have a good time in Milwaukee? God bless her! Now, what can you do for the Bureau? Can we stir up any of the Southern States, such as Louisiana, Texas, or even Kentucky, to organize State Societies, and can we stir up sleeping societies and institutions to active work and full reports? Write a stunning editorial on the importance of action and systematic work, and you will delight others as well as your friend Talbot.

The most "stunning editorial" we can think of, is to publish this enthusiastic communication from the incomparable Talbot, and so here it goes, with our hearty indorsement, to all the doctors in the Mississippi Valley. Gather yourselves together, gentlemen, set your lights on the hilltops, organize, and carry the news to Talbot.

THE ST. LOUIS CLINICAL REVIEW

PHILO G. VALENTINE, A. M., M. D., EDITOR.

VOLUME III ST. LOUIS, SEPTEMBER 15, 1880. NUMBER 7.

FOREIGN CORRESPONDENCE.

LONDON, ENGLAND, August 12th, 1880.

DEAR DR. VALENTINE.—I have now been in this great city over four weeks, and during that time have seen many of the "sights," and not the least of these I consider the Gallery of Gustave Dore. I should enjoy giving you a description of what we saw there, but as I have sat down to write you respecting the London Hospitals, I shall have to postpone the Art question till some other time.

As I find there are many things I want to tell you about each hospital individually, I propose to confine my notes in each letter to one hospital.

First in importance I think comes Guy's; at any rate it is certainly one of the noblest charities in the country, founded by single effort. Thomas Guy was born in the year 1645, and was a book seller in the city of London. Report has it that he accumulated his large fortune from the sale of bibles that were printed in Holland and brought over to this country; so you see that even as far back as the 17th century the principle of getting a "corner" on goods was understood, and that even "Holy Writ" did not prevent a man from "bulling" the market.

Before passing on to the description of the Hospital itself, I cannot refrain from telling you a story I found in an old work here, which goes to show the eccentricity of

Mr. Guy. A lady who had acted for many years as house-keeper, seems at length to have won his heart, and he promised to marry her. Some few days before the ceremony he ordered some workmen to repair the pavement in front of his door telling them not to go beyond a certain point. Having thus set them to work, he left home for some days, and during his absence the men asked the house-keeper, who was soon to be Mrs. Guy, whether they had not better go beyond the mark set by Thomas Guy, so as to make the job look more complete. She told them they had—that she would take the responsibility, because “she was so nearly Mrs. Guy that it was about the same anyhow.” When Guy returned home he was so enraged that his future wife should “usurp” his authority that he broke off their engagement, and thus ended his chance for married life—on this particular occasion at anyrate. This overbearing nature seems greatly at variance with his future charitable acts.

For over eleven years Mr. Guy paid \$500 per year to the support of St. Thomas Hospital, and having decided to erect a hospital, he rented a piece of ground from the Trustees of St. Thomas’ Hospital, for a term of 999 years. The plot being nearly six acres, agreeing to pay a yearly rent of \$150. He lived to see the main building completed and covered in, and the admittance of sixty patients on the 6th of January 1725.

The Trustees have carefully and thoroughly managed the affairs of the hospital, and there are two large estates in England that are contributory to the hospital, owing to good investments in previous years. The hospital is located on the south side of the Thames, not far from London Bridge.

The entrance is through large iron gates, into a court yard, probably 200 feet square, situated between two wings of the hospital.

In the center of the court stands a bronze statue of Thomas Guy. On north side of the pedestal is the following: “Thomas Guy, sole founder of this hospital in his life time.” “A. D. M D C C X X I I.” On the east side, in bas relief is the parable, of the Good Samaritan. On the south

side appear Guy's memorial arms, and on the West side an illustration of the Savior healing the Impotent man.

The centre or principle front of the hospital is stone, and consists of a rusticated basement, in which are three arched entrances to the quadrangle.

This supports two pilasters and four Ionic columns, the intercolumniation containing three windows and two niches, in which are two emblematic figures. *Æsculapius* and his daughter, *Hygeia*, the goddess of health.

Going through the already mentioned arches, we enter a long corridor, from which wards branch off on either side.

The court room is very handsome and deserves special mention. Over the presidential chair is a portrait of Guy, by Dohl.

The hospital chapel is situated in the west wing. Here Guy is buried and lies beneath a marble statue.

Originally the hospital was built for 400 patients, but has since been enlarged to accomodate 720. The management of the hospital is under sixty Governors, of which number Dr. Steele is now chairman. The ordinary staff consists of three physicians, three assistant physicians, two obstetrical physicians, four surgeons, three assistant surgeons, also ophthalmic, dental and aural surgeons.

The annual income of the hospital is about \$200,000, of which \$150,000 are available for hospital purposes.

The museums consist of anatomical, comparative anatomy, pathological and materia medica, specimens, Model room, dissecting room, electrifying room, chemical laboratory and every appurtenance that modern science has devised for a Medical Institution of the first magnitude.

I must particularly mention the collection of pathological specimens, and the models made by the late Mr. Town. There are 537 illustrations of skin diseases alone, and all of these were made, with the exception of two, by Mr. Town during a period of forty years.

It is certainly one of the best collections in the world, and embraces all eruptive diseases from measles, to the most aggravated forms of syphilitic eruptions. There are five models illustrative of the roseola eruption occurring in

Cholera, all taken during the great epidemic of 1854. In some, the color is like measles, and in one case resembles scarlatina but to an unusually dark degree, almost a purplish color, and in this case desquamation took place on the eighteenth day, and patient recovered. I noticed nine models of Glandular eruption.

From the history of the cases it does not seem possible to set the exact day after onset of disease, on which the eruption may appear. It very much resembles varicella, surrounded by inflamed areola. Nearly all the cases resulted in death, all in fact where the eruption was well marked.

The Clinics are very large indeed, the eye ward for instance, averages about twenty new patients a day, so that sometimes the attendance of the patients, old and new, will reach as high as 250 or 300 per day in this ward alone.

The eye ward is under the management of Drs. Bade and Higgins.

I saw several very successful operations for inversion of the lids, where the irritation had brought about ulceration of the cornea.

The operation consists of sewing the margins of the lids together, leaving a very small opening, that just enough light might be admitted to allow the patient finding his way about. The source of irritation being thus removed, the cornea will in many cases entirely recover, when the lids are separated again by cutting through the adhesions with a small pair of scissors.

I think this a much better plan to that of removing a section from either the upper or lower lids, or both, to cause eversion.

A great number of Gon-ophthal cases present themselves, especially in small children. These are all treated with the following prescription, and that very successfully.

Hydr. Nit. Oxid (Red precipitate).....	1 grain.
Atropine.....	1-5 grain.
Vaseline.....	1 drachm.

Put into the eye with a small pencil brush, and no internal treatment is used. I saw very bad cases make rapid improvement in one week.

In cases of Iritis, whether specific or not, the same remedies are used with the exception of the atropine, for which duboisin is substituted in the same proportions as the atropine.

The object of this is to allay the great pain that is generally present, and this it does much more effectually than the atropine. Dr. Bade has brought out a very nice pair of forceps for fixing the eye-ball in cases of sclerotomy. It grasps, by means of shark-like teeth—the sclerotic coat—not depending at all upon the conjunctiva which is usually a very poor holding place in such cases.

He has also designed a new eye speculum, with spring arms far holding a magnifying glass, so arranged that a glass of any desired power can be adjusted.

Both of these adjuncts to the armamentarium of the oculist are to be presented at the meeting of the British Medical Society which convenes at Cambridge next month. Dr. Bryant is the "Rising Surgeon" at Guy's. He combines great cheerfulness and pleasantness of disposition with the high attainments and brilliancy so necessary to the "make up" of a popular and successful surgeon. I have had the pleasure of seeing him perform a great number of operations—among others, removal of cancerous tumour from left mamma of woman 42 years old. This was the fourth operation,—each time there having been a return—though in a modified form. This being somewhat out of the ordinary course to operate so many times, he instanced a case that had proved successful at the fifth operation, no return of the trouble having appeared after two years.

Another very interesting operation was for Hemorrhoids—the patient—a man—having suffered for 14 years. He appeared on the table in a very blanched condition—the loss of blood having kept him in that condition for several years.

The hemorrhoidal tumours were brought down—clamps used—the mass removed with scissors, and then very care-

fully and effectually cauterized with the electro- benzoline cautery—a most convenient and successful instrument now employed, and used almost entirely here.

Dr. Bryant does not use any form of carbolic acid in his operations, but always has the hands and instruments, also surface over point of operation, sponged with solution of iodine.

Many other operations might be enumerated. Colotomy—removal of penis for Epithelioma, and others. But I am afraid that this letter has already trespassed too much on both your time and patience.

I cannot, however, close without giving expression to the great and sincere sorrow expressed by all the staff of the Hospital respecting the recent difficulty with the nurse, Mrs. Ingle. The general impression is that the sentence passed, three months imprisonment, was not more than her treatment of the patient warranted.

With much pleasure I would also testify to the kindness and consideration with which all visiting physicians are treated by all the gentlemen connected with Guy's.

With best wishes to all St. Louis friends, and hoping you can manage to keep cool with the mercury in the nineties,

I am yours fraternally,

W. JOHN HARRIS.

THE MICROSCOPE IN MEDICINE.

BY J. R. HAYNES, M. D.

Read at the 14th Annual Session of the Indiana Institute of Homœopathy, Indianapolis, Ind., May 26, 1880.

The time has arrived when all schools of medicine feel the importance of a thorough microscopical education. This importance is seen and felt more and more every day. The time is not far distant when no one, who is not a working microscopist, will be looked upon as authority in the diagnosis of any complicated or obscure diseased condition of the human body. It must, of a necessity, in the near

future, revolutionize not only the diagnostic points, but the treatment of disease. The old landmarks of former authors are rapidly falling into decay and neglect, new theories are advanced with such emphatic and positive proof, that one scarce can make an assertion to-day, for fear some one will upset his assertions to-morrow. Where is the man who would, to-day, attempt to diagnose correctly any of the malignant growths, without the aid of the microscope, together with a microscopical education. It is impossible to diagnose, with any certainty, secondary or tertiary syphilis, or gonorrhœa, without its aid, and even in very many cases of primary stages of these diseases, we would be completely in the dark. It would be utterly impossible to tell a non-infectious ulcer from a primary chancre, in many cases, by any diagnostic points laid down by any author which I have had the pleasure of examining, and more especially if they are congenital. It is impossible to tell what portion of the kidney is affected without a critical microscopical examination of the excretions from that organ, or what other lesion may be connected with the renal affection, or if they are affected at all, without the use of the microscope. Who can tell, even in treating a case of Leucorrhœa what parts are chiefly affected of the female sexual organs? If he is not familiar with the histology of the parts, can he tell, with certainty, whether it is labial vaginal or cervical, or whether the fundus or the body of the uterus, be the seat of the affection?

If he happen to have a case of hemorrhage, can he tell whether it is urethral, cystic, uretal or renal, or what part of the kidney, or, in many cases, whether he has hemorrhage or not, to deal with, with any certainty, without the microscope? Is there any positive method of telling a case of tuberculosis, or what portion of the air passage is the seat of the disease, except by its aid?

Is there a certain and positive mode of diagnosing even a case of Diphtheria, with the natural vision, from many other varieties of angina faucium. It is the quickest, easiest and most positive in its detection of diabetes melitus; it will show the saccharine properties of the urine, before they can be detected by any chemical reagent that I am aware of.

It will detect the virus of a suppressed chancre which had been suppressed for thirty years.

It will show you the chancre virus in congenital syphilis. It will tell you whether you have a syphilitic, gonorrhœal, or a non-infectious bubo to deal with, if you ask in the proper manner. In the case of loose fecal discharges, it is the only positive informant we can obtain that can tell us what portion of the gut is affected. In case of tumors it will tell just what we have to deal with, and with certainty. In the case of crime, it will tell with much greater certainty what poisons were used, than any chemical tests which have yet been discovered; or, if blood be found, to what class of animals it belongs.

It will decide whether one or several kinds of ink has been used in writing. It will show blood stains upon any polished steel instrument, which cannot be washed out.

Yet, in the hands of a novice, it is the most deceptive instrument that has ever been invented. It must be studied with extreme care, and learned by heart, then it becomes the most instructive of all the hand-works of man.

FEVER REMEDIES OF THE HOMŒOPATHIC MATERIA MEDICA.

PROF. A. C. COWPERTHWAIT, M D., PH.D.

[Read before the Hahnemann Medical Association of Iowa, May, 1880.]

It is a well understood principal of homœopathy that diseases are never treated by name; that pathological states are not the proper indications for the appropriate remedy; but that, on the other hand, symptoms are the only infallible language of disease, and as such are the only indicators of the curative application. Pathological states are obscure and uncertain; symptoms, if properly elicited, are unerring. In the one, mistakes are not only possible, but often unavoidable; in the other they are the exception and not the rule; and even when occurring they are usually traceable to grave carelessness on the part of the prescriber.

While however, this is the case, there is nothing improper in the physician, for the sake of assisting memory, grouping together certain remedies under a general as well as special classification. The wrong comes in always prescribing certain remedies for certain pathological states, yet it may not be wrong to always associate certain remedies with certain pathological states. There is a vast difference between the two processes. For instance, what physician, hearing of a case of pneumonia, does not invariably first think of Aconite, Bryonia or Phosphorus? There is no wrong in this, yet if that physician made a habit of prescribing either one or all of these remedies in every case of pneumonia that presented, he would certainly violate the great cardinal principle of homœopathy. As a matter of fact, this habit of association of remedies with diseases becomes so natural to the practitioner that I opine it is impossible for him to prevent it; nor is there any reason why he should strive to do so, so long as he does not allow himself to become a routinist in practice, and to discard the fundamental truths of homœopathy, which he professes to believe. Let each pathological state represent a hook fastened to a wall in the great storehouse of memory, and as experience or research teaches the usefulness of any particular remedy in any one of these conditions, hang it upon that hook, and in this way, as the years of experience and study glide by, this storehouse will become stocked with fruits both rich and rare—fruits which shall ever gratify as well as nourish in after years.

At this time I desire only to call your attention to a few of the leading peculiarities of some of the most important remedies used in the treatment of fevers, especially noting such similarities or differences as may be most striking, and which serves best to enable us to diagnose as between the indications as for the one or the other.

Probably there exists no field of therapeutics in which greater or more frequent errors are committed. One physician prescribes Aconite in all fevers, regardless of indications, while perhaps another may use Gelsemium or Veratrum in the same manner, when it may have been that

neither was the proper remedy, or that Belladonna alone was indicated. I shall only mention five remedies: Aconite, Baptisia, Belladonna, Gelsemium and Veratrum viride—remedies which are so often confounded in the mind of the prescriber, but each of which have most distinct marks of personalty which need not be mistaken.

In the first place, Aconite, the prince of antiphlogistics, so-called, with its excessive restlessness, anxious tossing about, and full, hard and frequent pulse, gives evidence of its great value, especially in the beginning of inflammatory fevers; yet it is seldom, if ever, needed in the beginning of a typhoid or malarial fever, from the fact that the class of symptoms above described seldom occur at such time.

On the other hand, if we note the action of Gelsemium, we will find a remedy not only sometimes applicable in the beginning of inflammatory fevers, very often in catarrhal fevers, but equally as often indicated in the beginning of malarial and typhoid fevers, being of especial use in the first stages of remittent or an intermittent. The symptoms most often indicating Gelsemium are either chilliness, with languid aching in the back and limbs and a sense of fatigue, or, if fever be present, instead of the anxiety and restlessness of Aconite, we get a drowsy, languid condition, the patient desiring to lie quiet and be let alone, with great prostration of the whole system, the pulse being full and quick, but not very hard. Thus it may be readily seen that there is no excuse for confounding the pathogeneses of Aconite and Gelsemium as is so often done, the one covering an entirely different class of symptoms from the other.

Very often where Aconite or Gelsemium are used, Belladonna is the true remedy. Here the type is more of the true congestive or inflammatory; therefore we get a flushed face, throbbing carotids, hard, full and bounding pulse, with a tendency to delirium. Belladonna is more frequently indicated in the fever stage of catarrhal and malarial fevers than Aconite, but less than Gelsemium, a violent throbbing headache, together with the flushed face, being most often the guide for its administration.

Veratrum viride is a remedy not often indicated outside of pneumonia, yet of great value when it is properly se-

lected. It seems to act something like Aconite and Belladonna combined, or covering a sphere of symptoms lying between these two important remedies, yet reached by neither. Its chief, I might say exclusive, range is in inflammatory fevers, the pulse and respiration being the chief indications for its use. There is a loud, strong beating of the heart, giving a full, hard, frequent and incompressible pulse, seeming as though the heart were a mighty Corliss engine, whose giant throbs could not be overcome, while at the same time the respiration becomes difficult, slow and labored, often in pneumonia falling from 40 to 16 per minute. With these symptoms present, *Veratrum viride* is the true homœopathic remedy, and its favorable action will almost invariably astonish the careful prescriber. The indiscriminate use of *Veratrum* in very material doses of the tincture or fluid extract in pneumonia, is a most reprehensible practice, and should not be tolerated in the homœopathic school. Let those who so long for the flesh pots of Egypt, return to their first love, and no longer sail under false colors by claiming to be what they are not.

Baptisia covers an entirely different class of symptoms from those we have noted under the remedies already mentioned. Its range of action is not wide, but covers the most grave and important condition, owing to its disorganizing and decomposing influence upon the blood. It is especially useful in the first stages of adynamic fevers, its greatest usefulness being in those forms of fever which have already assumed, or threaten to assume, a typhoid condition. But here as elsewhere, the routinist makes a grave mistake in prescribing *Baptisia* in all cases of typhoid, regardless of the symptoms. The indications for *Baptisia* are plain and unmistakable, and its use is never warranted unless these are present. In the first place, the appearance of the face, which is flushed, dusky red and hot, with a besotted expression, being very characteristic, and to my mind often a sufficient indication in itself for the use of the drug; but in addition we may also find a dullness and confusion of mind, the head feels large and heavy, sordes appear on the teeth, the tongue is dry and brown down the centre, while the pulse is full and rapid, but soft and easily

compressed. With such symptoms present Baptisia may be prescribed with the utmost confidence. In fevers, as elsewhere, it must be remembered that the totality of symptoms form the sole basis of prescription. Let the materia medica, then, be ever your guide; study it faithfully, and you will be rewarded, for it will certainly prove a lamp to your feet and a light to your path.—[*Medical Counselor*, August, 1880.]

TRANSPLANTATION OF SKIN—CASE I.

BY S. B. PARSONS, M. D.

MALPOSITION OF THE FINGERS FROM CONTRACTION OF A CICATRIX. TRANSPLANTATION OF SKIN—CURED.



The subject of this deformity, when six years old, accidentally put his hand into a vessel of boiling water, but fortunately only the ulnar half of the member was immersed. It was quickly dressed with some household remedy which was retained for four days, and then removed on account of a bad odor arising from it. When the lower layer of the dressing was taken away the whole of the cuticle and some fleshy shreds came with it, exposing a large, bleeding, granulating, suppurating surface. Linseed oil and lime water were applied and continued for six weeks before the sore healed, and at this time the fingers were nearly straight or but slightly bent. No precautions were adopted to prevent their misplacement either during the course of treatment or afterwards, hence that peculiar property of contraction which cicatrices of all deep burns possess, held undisputed sway over the parts involved, and slowly the fingers were made to approach the palm of the hand, and held as rigid as if in a vice. When brought to me the phalanges of the inner three fingers were at nearly a right angle with the metacarpel row, the fourth and

fifth united to each other nearly to their free ends by a thick web of hard inodular tissue, and a dense cicatricial mass covered the whole ulnar half of the hand, anteriorly and posteriorly, as far forward as the end of the little finger. All motion was lost, and if put to constant use ulceration and fissures would soon appear in the diseased parts of the hand, that were slow to heal up. The patient was chloroformed, and commencing my incisions on the radial side of the middle finger, I carried the dissections around it until the whole was removed, and then in a similar manner freed the ring and little fingers respectively. To remove the adventitious tissue from the hand, incisions were begun on the dorsum and carried forward to the inter-digital space, and the parts raised by dissecting toward the ulnar border, around which they were continued into the palm of the hand, terminating opposite the base of the index finger. Having finished my dissections each finger was forcibly straightened, all intra-vaginal and periarticular adhesions broken up, and motion at the articulations freely established.

It was one of the most tedious operations I ever performed, requiring one and one-quarter hours to complete it. The utmost caution was exercised to remove anything that gave any semblance to inodular structure, and the extended time necessary to fully carry out the plan was, in a measure, due to the vigilance manifest in each step of the operation. The wound was dressed with charpie dipped in calendula water, 1 to 10, and a roller carried around the hand to retain the dressing in place, and the hand supported on a hair pillow covered with thin oiled silk cloth. A sharp attack of fever followed quickly, which was subdued by Aco. and Arn. in three days. At the end of ten days bright red granulations had covered the whole of the wound, suppuration slight, and not a systemic symptom present. This appearing to be a proper moment for the transplantation of tissue, I cut from the back of the father's arm, near the shoulder, three pieces of skin, each being the size of a silver five-cent piece. These were divided into twelve other pieces each, thirty-six in all, and inserted everywhere into the granulations, especial care being taken to put as many as possible on the fingers. Narrow strips

of moleskin adhesive plaster retained them in position, and was not removed until the eighth day, when it was found that twenty-two had become attached, and the rest sloughed away or still present but dead. The surfaces were again prepared by wiping them with calendula cloths and nineteen pieces more transplanted from the father's arm. On the eighth day they were examined and fifteen found to be adherent. The former lot had now become firmly united and increasing rapidly in size; and taking their rapidity of growth as a basis of calculation, I concluded that if the last series grew equally as fast, that no more would be required, and wholly supplant the morbid development of cicatricial structures with their contractile tendencies. A generous diet of animal food was ordered, the patient permitted to have open air exercise every day, but under no circumstances to use the arm. One month afterwards their remained unhealed seven small spots, none of which were larger than a large sized split pea, and which disappeared in the next three weeks. Passive motion was daily resorted to after the first two weeks, with the result of bringing back a fair amount of flexion and extension, both of which the patient finally could produce himself by a mandate from the will.

Three years have now passed since the operation and no tendency to a return of the affection has shown itself.

A NEW OPERATION FOR THE RADICAL CURE OF HYDROCELE.

Dr. Bernard Bartow, in the "Buffalo Medical Journal," offers a new method for the cure of hydrocele. An incision from three to four inches in length, is made in the scrotum, in the centre of the hydrocele tumor, extending through the subcutaneous tissues, until the sac is exposed. The lower connective tissue is then separated from the sac to the extent of about an inch on either side of the line of the incision, exposing about one-third of the circumference of the tumor. The distended sac protruding into the wound renders this last step easy of accomplishment. Into the most depending part of the tumor thus exposed, a fine trocar and canula is introduced and the fluid drawn off;

the entire wound is left open to close by granulation. It is intended that air shall not be admitted into the sac, and therefore the incision should be made with antiseptic precautions, and continue during the subsequent treatment. The degree of inflammation following the operation was in no case very active or extended; no sloughing of tissues nor other untoward feature, although in one case no antiseptic measures were observed. In all cases the scrotum was supported by a suspensory during the time the incision was healing, which was complete by the fourteenth day.

A STILL BETTER METHOD.

After withdrawing the fluid by aspiration, the needle should be removed, and the walls of the sac simply pressed or kneaded together, and forcibly so, or rather to the extent the patient can bear easily. This should be continued for several minutes. Pressure on the cord and testicle should be avoided. Follow with the passing of adhesive straps to compress the parts, and support the whole with a suspensory bandage.

RESUSCITATING FROZEN ANIMALS.

Regarding the subject of resuscitation of frozen animals, as well as human beings, the contradictions existing among experimentors and clinical surgeons, are very apparent indeed. The latter advocate the gradual introduction of heat; while the former claim that it should be applied rapidly. In order to decide this question, Dr. Laptschinsky carefully experimented on a number of dogs, with the following results:

Three dogs of the same age, size and species were frozen simultaneously; after freezing one of the animals was immediately warmed in a bath at a temperature of 37° R., the second in a room heated to 22° 24° R., and the third in a cold room 8° R.; and directly afterwards, according to the symptoms of returning animation and the increase of vital temperature, introduced into a warmer atmosphere. In all three cases, friction with brushes and coarse cloths

were made, and both during and after the experiment specimens of the blood and muscles for the purpose of microscopic examination were secured. Cold air was first made use of, afterwards freezing mixtures, in which the animals were packed, were the freezing agents used, and during the process observations of the rectal temperature were fully noted.

Three classes of experiments, as relates to the intensity of the cold produced were distinguished: 1st. A reduction of the temperature until there was a complete cessation of respiration, and by auscultation the heart's action could be only feebly recognized; 2d. Until there remained a scarcely perceptible respiration and distinctly audible heart sounds; 3d. Until the heart's action and respiration were well marked. The conclusions arrived at are:

The rapidity with which the reduction of temperature takes place, varies in different animals of the same size, weight and temperature, notwithstanding the identity of the freezing medium.

After a definite reduction of the rectal temperature, the animal was most quickly resuscitated by exposure to a high degree of heat, the best means being a hot water bath.

In those instances in which the greatest reduction had been endured, and when slow and gradual exposure to heat was absolutely fruitless, its rapid application by means of the hot bath proved effectual in saving the life of the animal.

Dogs that had been resuscitated by the rapid method were less liable to febrile attacks afterwards than those which had been subjected to the more gradual method.

The blood corpuscles taken from the animal during the process of freezing, assumed the most varying shapes, some of them being perfectly colorless. The blood plasma presented a yellowish red color, probably the result of a loss of hermatin.

A microscopic examination of the striped muscles showed many changes; some lost their transverse and others their longitudinal striae; others looked swollen and resembled a string of beads. These changes were found in those fibres

on the periphery of the muscles only—those situated more deeply had undergone no change.

During the gradual exposure to heat in a cold room, it was further observed, that in spite of all attempts at resuscitation, the rectal temperature fell two or three degrees lower, so at a temperature of 18° to 19° C., 64° to 69° F., the death of the animal could be predicted with certainty, when subjected to this method.

This phenomena is attributable, no doubt, to the fact that the animal continues to be exposed to a still further reduction of heat, since, excepting a relative small portion of the body, the cold continues to act upon all parts and the manipulations of the body are insignificant in comparison with that fact.

Wertheimer has demonstrated, by his experiments, that a temperature below 64° F., is incompatible with the recovery of the animal.

If an animal with a rectal temperature of 64° to 69° F. was at once placed in a hot bath, it was surprising with what rapidity all the functions were re-established, due, as I believe, to a rapid warming of the blood; since warm blood is one of the best heat stimulants, and he did not find hyperæmia but anæmia of the brain in those animals that perished.

Of the twenty animals treated by the method of gradual resuscitation in a cold room, fourteen died; of the twenty introduced at once into a warm apartment, eight died, while of the twenty placed immediately in a hot bath, all recovered.

BUFFALO MEDICAL HOSPITAL.—The Medical Staff is composed of none but the ablest and most experienced physicians and surgeons. It is appointed year by year, and the poorest inmate of the hospital can have as good medical attendance as the city affords.

The attendants, comprising Matron, Nurses, etc., are of the most competent, and all applicants may be assured of a courteous welcome.

Terms for private rooms are from seven dollars per week upwards, including medical attendance. Ward patients pay five dollars weekly.

Applications for admission may be made at the hospital, corner Cottage and Maryland streets, or to any of the following members of the staff for 1880: Physicians, Dr. L. M. Kenyon; Dr. A. R. Wright; Dr. A. C. Hoxie; Dr. N. Osborne; Dr. H. Bathig. Surgeons, Dr. H. C. Frost; Dr. Alex. M. Curtis. Eye and Ear Surgeon, Dr. F. Parke Lewis.

CLINICAL SURGERY.**CONGENITAL KELOID GROWTH OF THE FACE.**

A few days after the birth of this child the deformity represented in the cut manifested itself, and continued without increasing or decreasing until he was four years old, at which time he came under my care. The abnormal growth was easily moved with the skin, and raised about the one-sixteenth of an inch above it. On account of its involving the left angle of the mouth there was some impediment to a full expansion of the oricular orifice. As the child advanced in years the mark became more and more a source of annoyance to his parents, who determined to have it removed if such a course was possible and possessed any probability of success. Once before I had operated for the removal of a similar growth and failed, as it soon afterwards returned in a worse degree, and I hesitated before advising operative measures in this case. But the thought struck me that here was a chance to try to substitute healthy tissue for diseased structure, by transplantation; which plan I revealed to the mother, and was permitted to carry it out. The patient was chloroformed and all the unnatural growth carefully removed, including a portion of the vermillion labial border.

The edges of the wound were drawn as closely together as possible, and held by narrow adhesive bands, which were retained until the granulating process was fairly established. I then cut three pieces of healthy skin from the mother's arm near the shoulder, and freeing them of all adipose and cellular tissue, I divided them into sixteen smaller pieces and placed them into delicate incisions in the granulations on the boy's face, retaining them there by fresh adhesive strips. On the eighth day I examined them and found that twelve had become adherent by vascularization, each of which became the centre of new cuticular

formation which gradually spread to its neighboring centres, and finally *skinned* over the whole surface. A small spot on the right chin and left lower corner of the mouth again became enlarged, but their size was too small to produce disfigurement.

CARTILAGINOUS TUMORS OF THE FINGERS.

The patient was a boy eight years old; German; who had never been very strong, nor had he ever been what might be termed sickly, although I was informed that during his earlier years he was considered to be rickety, which statement I did not believe, as there were no present indications whatever tending to show that such a condition, or even a tendency to such a condition, ever existed. The tumors had been growing for four years, were painless, not in the least sensitive, hard slightly nodulated and materially interfered with the usefulness of the hand.

It being the wish of his parents to have the unsightly member removed, having reached that decision only after frequent consultations with various medical advisors, all of whom had expressed opinions that no treatment but that of total removal would be efficient as a cure, I amputated it at the metacorpo-phalangeal articulation, taking a flap from palmar surface, to which point the growths did not extend. The stump was dressed with calendula cloths, the wound healing by first intention.

NEUROPLASTY WITH RE-ESTABLISHMENT OF FUNCTION.

An article on this subject read before the German Society of Surgeons by Dr. Gluck, who had given much labor and time in experimenting on various animals, contained the following points:

That numerous experiments, and observations private in practice, had proven that plastic operations on the large nerve trunks can be successfully performed. From two nerves lying parallel to each other filaments have been separated and united in the manner of an anastomosis; also after total section of nerve trunks, the latter have been reunited cross-

wise. A portion 2 C. M. long, was cut from the sciatic nerve of a fowl, and another somewhat larger from the sciatic nerve of a rabbit, and by means of cat-gut united the latter portion in such manner as to replace that taken from the sciatic of the fowl. On the eleventh day the superficial wound was reopened, and perfect union of the transplanted portion of nerve was found. Irritation of the trunk above the point of operation produced twitching of the muscles supplied by it, proving that the conducting power through the inserted portion had been re-established. The results were the same whether those furnishing and those receiving the portions of nerve were of the same species or not. Union took place even when the transplanted portion was placed in an inverted manner, *i. e.*, so that the normally central extremity became peripheral. A condition of success is union of the nerve by first intention, so that newly formed intermediate cicatrix has a diameter of not more than a millimetre; if suppuration occurs the extremities of the original nerve become club-shaped, and the portion introduced becomes necro-biotic. Some of the nerves thus operated will respond to mechanical stimulants when they will not to the electric current. Dr. Gluck explains this by the fact that all the nerve filaments do not become united simultaneously (as can be proven by microscopic examination), and that, therefore, only a limited number of them respond to the electric current, while the application of the pincers affects the nerve in its entire diameter. As early as eighty hours after operation the first evidences of conductivity can be discovered. Complete re-establishment of function does not follow until much later.

DEATH FROM RETENTION OF URINE IN A CASE OF PRERECTAL
ABSCESS.

The N. Y. "Medical Record" gives an account of a gentleman, 36 years of age, who having been previously in good health, was attacked with an abscess in the right ischio-rectal fossa. After a week of suffering it was opened and a large quantity of pus evacuated, and at the time of his death, which occurred suddenly about one week after the

incision, it was gradually closing up. He passed urine *frequently and in small quantities*, and only once obtained any relief, which was when his nurse put hot compresses over the abdomen. There was a constant pain over the bladder and a desire to urinate. He died suddenly in a convulsion. At a post-mortem, the cerebral and meningeal sinuses and viens were found distended with blood and the ventricles filled with serum. The bladder was largely distended with urine reaching as high up as the umbilicus. The kidneys were gorged with blood.

The case will illustrate a danger which attends acute disease in the rectal region, and the sad results which may follow a disregard of the ordinary precautions of surgery.

TO REDUCE PARAPHIMOSIS.

Where the ordinary means fail introduce the convex or looped ends of three or four hair pins underneath the constricting ring, at regular intervals, and over the bridge thus formed the foreskin may very readily be drawn down.—*Cent. Zeit*, June, 1880.

TUBERCULAR TUMORS OF THE MAMMARY GLAND.

M. Prichet reports a case of tubercular tumors of the mammary gland in a patient 50 years of age. The mamma was enormously swollen, the appearance of the skin marked by former applications of iodine and irritant lotions. Beneath the integument a hard elastic tumor was felt, presenting two principal prominences, situated at the external portion of the gland, and comprising about one-half the whole organ. The inflammatory phenomena rendered the nature of the tumor quite obscure. Pus formed, and several collections of a creamy nature were let out. When the inflammation had subsided the mamma was found to be the seat of a firm elastic tumor as large as a turkey's egg, having three chief lobules. The tumor was painless, and about the size it was two years before. The patient thought it was a little less swollen than at that time.

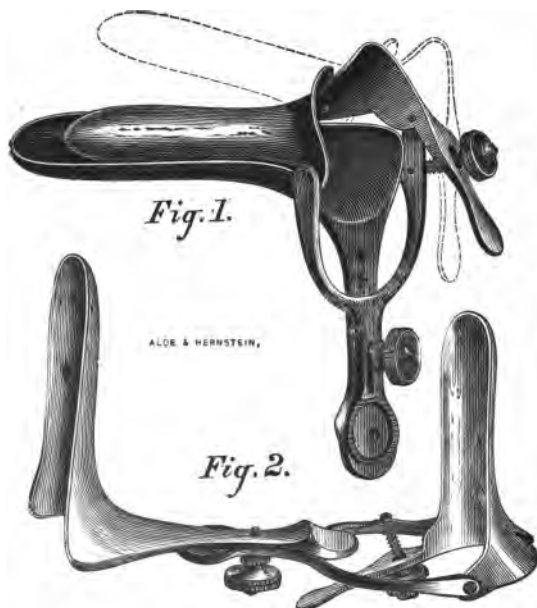
Cicetrization proceeded as in ordinary wounds. Subse-

quently the breast was amputated and a critical examination verified the clinical diagnosis.

The decrease of the tumor after obtaining a certain size, and continuing to diminish for two years, speaks against a cancerous nature of the growth. So also does the cicatrization following opening of the abscess. Syphiloma of the mamma was likewise excluded on account of the stability of the tumor during anti-syphilitic treatment.

Adenoma was also excluded, as there were not the attending symptoms of this variety of growth, and consequently tubercular tumor was the only remaining possibility. The rarity of such an affection compelled a more than ordinary investigation that a correct diagnosis might be made, but the strumous condition of the patient, her chloro-anæmic state, and the physical chest symptoms, pointed to a disseminated tuberculosis, and combined with "the method of diagnosis by exclusion" a correct one was found.

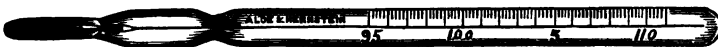
NEW VAGINAL SPECULUM.



Dr. F. W. Graves, Woburn, Mass., has designed and introduced to the profession a new combination speculum, that can be used either as a bivalve or Sims, as may be required. The accompanying cuts represent it arranged as both, and, as will be seen from fig. 2, it is somewhat different from Sims', in that the inner surfaces of the blades are concave and convex instead of double convex as is the Sims instrument. The extension movement of the anterior blade and "Sims combination" meet the requirement of the general practitioner, who, often without aid, is required to make vaginal examinations, and for such no better speculum has been devised. It will accomodate itself to the variable dimensions of the different vaginæ, whether virgin or a multipara with relaxed vaginal tissues or ruptured perineum. To accomplish this the instrument is introduced and the "sliding bar" pushed forward till the anterior blade rests under the pubic arch, when it is set by means of a screw.

This puts the entire vagina on a stretch from the cervical junction to the vulva, and fully exposes the cervix uteri to the eye.

NEW CLINICAL FEVER THERMOMETER.



Messrs. Aloe & Hernstein, instrument manufacturers of this city, to whom we are indebted for the present cuts, have invented a body thermometer that possesses all the merits of other forms of thermometers, with an additional improvement in the manner of registering the height the column reaches when heat is applied to the bulb. All other kinds have the index-piece formed by introducing an air-speck into the column of mercury, whilst in this one the contraction of the bore is so extremely minute as to obviate the necessity for any air-speck whatever. At every observation this peculiar contraction itself cuts off the entire column above it from the bulb portion below it, and yet a slight shake will dispose the upper into the lower portion. It is also magnifying. We can recommend it.

NEW SYRINGE.

Edward Hall, of Philadelphia, has issued a new Syringe that we think is superior to anything in the market. It consists of a glass bottle or reservoir, to which is fitted a metal cap through which passes a metallic pipe that extends to the bottom of the bottle and one inch above the cap, a long rubber tube with a nozzle being attached to the outer end. Another central tube passes through the cap to which is fastened a large rubber bulb with an air vent outside, and a smaller one inside having a slit one-third of an inch long. By pressing the large bulb air is forced through the slit in the small bulb, which, as soon as the current ceases, closes again, and thus acts as a valve to prevent its escape. The pressure of the air on the water forces it through the tube, to which is attached the nozzle, and keeps up a constant, steady stream. The velocity of the flow can be made swift or slow, and is regulated by the amount of pressure on the larger bulb. It is equally as useful in injecting mucilaginous or thick or oily substances as it is water, and with as much ease. One of the chief objections to other kinds of syringes is the impossibility of preventing the forcing of air through them, and the frequent sufferings attending such a misfortune. As this one is arranged none can pass. It can be made to act as a syphon when required. The reservoir is graduated so that it is always easy to tell what quantity has been used.

TREATMENT OF DISEASED JOINTS.

Prof. Verneuil lately read a paper before the Chirurgical Society of Paris, on the immobilization and mobilization of diseased joints, in which he strongly urges the necessity for prolonged fixation of the joint, as a *sine qua non* in the treatment. He started out with the proposition that "a fundamental principle of therapeutics demands, as an essential condition for recovery, *rest for the diseased organ*;" and that a principle in general physiology not less fundamental affirms that the *activity of an organ* is indispensable to its material and functional preservation," and says

further, "from these embarrassing and contradictory propositions, it follows that the rest which cures a disease may ultimately annihilate the organ ; that the activity which keeps an organ alive may prevent its healing when diseased ; and that rest and activity are equally useful, even necessary, and yet as equally injurious and dangerous." There has always been a difference of opinion among surgeons as to whether joint affections should be treated by a persistent fixation, or by the mixed method of fixation and passive motion interruptedly. It must be admitted that the above principles tend to confuse the practitioner in marking out a line of treatment, and possibly may sometimes end detrimentally to the patient. But it will be observed that they refer to two opposite conditions—the one being pathological and the other physiological. It is a common belief that prolonged fixation of a joint may so alter its structures as to lead to ankylosis. Gosselin says that immobility has no influence in the production of ankylosis, only when it is combined with plastic arthritis. This may be true, and yet the latter be a result of the immobility itself. The larger joints appear to be less liable to take on this pathological change than the smaller ones, which complete and continuous rest may and does in them cause plastic arthritis and consecutive ankylosis. Sir Benjamin Brodin was in the habit of confining his patients suffering with joint affections, to prolonged *rest*, and remarks : " In every case, in which I had it in my power to watch its progress, the complaint has advanced slowly and sometimes has remained in an indolent state during a very long period, but ultimately it has always terminated in the destruction of the joint."

In Vol. 18, No. 8, of the N. Y. Med. Record, is the final report of the Surgical Committee of the N. Y. Therapeutical Society, which contains a record of twenty-six cases of suppurative disease of the ankle joint, and refers to a review by Dr. V. P. Gibney, of the final results in thirty cases that came under his own observation, and which were treated on the expectant plan. Dr. Gibney says that many children annually suffer amputation of the foot, when under conservative treatment the member could have been saved.

He further asserts that neither excisions, partial or complete, offer advantages superior to the EXPECTANT plan, which at once assures a more perfect result than any known to the profession. The expectant plan he defines in these words: "If the joint is inflamed, entire rest is ordered; if abscess form, it is opened; if loose bone is detected, it is simply removed, as if it were a foreign body interfering with the process of healing; if in the further progress of the case malposition of the parts is formed, a support or brace is given to rectify the deformity. The general health is also attended to, as may be inferred. From the fact that *rest* was ordered only when the parts were inflamed we naturally incline to the belief that, during other and later stages more or less motion of the joint was permitted, and perhaps even induced by the surgeon.

Robert Barwell, of London, says, in all joint affections there are two main stages, viz.: an active and a passive one. The first is characterized by the parts being hot, swollen, tender, often reddened, the patient being in a state of pyrexia. In the second stage the joint is more swollen, and its form, if superficial, is rounded, shapeless, dumpling-like; it is cool and *not* tender, or but slightly so; the patient's health is depressed, and the condition is *not* feverish. It is his plan to prescribe movement, first passive and then active, friction, pressure, and a series of exercises calculated to restore form and flexibility as soon as the inflammatory stage has passed. In keeping the joint at rest during the second stage he considered it to be an erroneous and often a fatal practice. No doubt there is a germ of truth in this expression, but it cannot be applied to all cases. I have seen evil consequences follow an attempt to work a strumous joint in what he terms a second stage, and uninterrupted, absolute rest prove to be the required mode of treatment.

It is quite evident that those who employ the mixed method of treating these complaints are more successful than those who pursue a rigorous course of *rest*. Since Hilton published his work on "Rest and Pain," the medical and surgical professions have been agog on the subject, adopting and applying the theory under every and all circumstances without discrimination or judgment.

No one will contend that a patient suffering from joint disease should be strictly confined to a bed or mechanical apparatus if the disease with which he is afflicted continues to grow worse and his health deteriorate, for every surgeon is fully aware of the fact that many such cases imperatively demand free air and free bodily motion. Inactivity joined to sluggishness is not an invariable rule to be followed in opposition to well-established facts, and if surgeons carefully watch their cases a more definite rule of action would be drawn as a guide, and less difference of opinion prevail among the profession.

HOMŒOPATHIC DOSES.

BY DR. JOUSSET, PARIS, FRANCE.

Let us glance rapidly at the history of this question. After a first epoch, during which Hahnemann employed medicines in medium doses, there comes a second characterized by the use of doses more and more infinitesimal. Then the decimal dilutions were originated, and an important group of homœopaths confined themselves to the exclusive employment of larger doses. Between these two extremes there appears a mixed school, which profess that medicines *act in any dose*, and which seeks to establish certain rules for the choice of the dose.

This, school, which prescribes, in some cases, *Lycopodium*, *Silicea*, *Cuprum*, *Nux vomica*, in the thirtieth, and even the two hundredth dilution, employs unhesitatingly, in other cases equally obstinate, *Chin.* *Sulph.* *Ferrum*, *Kali. Iod.*, *Mercurius*, in tenth-grain and even in grain doses.

It is precisely this mixed school which has need to solve the problem which forms the subject of this lecture. The establishment of a system removes all difficulties; and yet if both cure, both also too frequently fail.

For if one or the other extreme schools should invariably cure, we should have only to connect ourselves with that school.

The insufficiency of the pure infinitesimalists, is not contested. But they affirm that if the medicine does not act in an infinitesimal dose, it is because it is badly chosen. This is a convenient argument, and one which consists in habitually accusing its adversaries of ignorance or of indolence. I will oppose this argument, with a simple anecdote, which has its instructive side. A Spanish lady, attacked with an intermittent facial neuralgia, was treated unsuccessfully for a year by one of the purest and most distinguished homœopaths. Was it the *psora* which caused the failure? It surely was not the bad choice of the remedy; the length of treatment and the reputation of the physician do not permit us to entertain such a supposition. Well, this lady, having arrived in Paris, is cured in eight days, with some grains of Sulph. of Quinine.

Have I not seen sufferers from cardiac asystolia, abandoned by homœopathy, powerless to relieve by infinitesimal doses, experience, if not recovery, at least considerable amelioration from *Digitalis* in a large dose? Does not Rogers, quoted by Richard Hughes, affirm that the repugnance which certain homœopaths have to the employment of the Sulphate of Quinine in large doses in intermittent fever, has much injured our doctrine in certain localities, and he corroborates his statements by our own statistics.

In the diarrhoea amenable to *Ars.* to *Phos. ac.*, to *Bis.*, and to *Rheum*, I am convinced by successive trials, for the purpose of demonstration, that the low triturations and the large doses act more surely than the high dilutions. I am happy to be able to give here the testimony of Dr. Allen, who, after having given in vain both the thirtieth and the two-hundredth dilutions of *Ars.* in a case of diarrhoea, succeeded with the third trituration of the same medicine. *Tabacum*, which is a medicine very well indicated in vertigo with vomiting ought to be prescribed frequently in a low dilution,—the third, and even the first.

The Marquis of M—— came to consult me for a vertigo of this kind, lasting very many years. His physician believed it to be an affection of the stomach, as there were frequent vomitings and considerable emaciation, *Tabacum* cut short the crisis, and finally completed the cure, but I was obliged

to descend from the third to the first dilution; the twelfth and the thirtieth, having been tried upon the disease, remained without effect.

The acute ganglionic congestions which yield so easily to a few drops of the tincture of Bell., resist indefinitely the high dilutions of the same medicine. Ferrum in chlorosis, Merc. and Kali. Iod. in syphilis, Chin Sulph. in intermittent fevers, according to the generality of homœopaths, should be prescribed in substance.

On the other side, I have proved, by experiment, many times, the value of doses by a gradually ascending scale of dilutions; and have found that in obstinate cases the infinitesimal doses possess an unquestionable superiority. Nux Vom., for example, has an action much more certain in the twelfth and the thirtieth dilution, in neuralgias and certain affections of the stomach, than the low dilutions or even the tincture itself, this is true also of Sil. in scrofulous affections, of Lycopod. in constipation, of Cup. in cramps, of Sulph. in phthisis, etc.

It is certain that there are medicines which in obstinate cases, act in any dose. It is also certain that even with these medicines there is always a preferable dose, and it is more certain, as we have but a moment since demonstrated, that there are some cases which resist infinitesimal doses. While others are absolutely intractable to large doses. I believe it is the study of medicine upon the healthy man which will give us the solution that we desire. The works on *materia medica* of Hahnemann and his pupils, both allopaths and homœopaths (for to-day all the therapeutists study *materia medica* after the method of Hahnemann), demonstrate that all medicines produce upon a healthy man two orders of actions, and these actions are contrary. Thus any medicine which by its primary action increases the temperature, by its secondary action lowers it; that which at first diminishes the pulse afterwards accelerates it; the same medicine produces both cerebral excitement and somnolence, both diarrhœa and constipation, both pain and anæsthesia. The symptoms which appear first have been called primary, the others secondary. Again, what frequently appears in the provings is a kind

of alternation of opposite symptoms; the secondary succeed the primary, which in turn reappear after the secondary. The experimental method has demonstrated likewise that the dose of medicine employed has a considerable influence in the production of alternate effects of the medicines. Thus with very strong doses the primary symptoms are nearly suppressed, and the secondary symptoms are directly produced. For example, strong doses of Aconite produce collapse with chill, without previously having raised the temperature; they produce anæsthesia without having caused pain; purgatives in large doses purge without having caused the previous constipation, etc. Very small doses, on the contrary, produce especially primary symptoms; thus Acon. and Rheum in small doses produce, the first, an elevation of temperature; the second, constipation, etc.

Upon the healthy man all medicines, then, show us two opposite actions, and these opposite actions are produced almost at will by the dose administered. Is it not evident, therefore, that if we wish to apply the law of similitude we ought, in the choice of the dose, to conform ourselves to this rule, and administer large doses whenever they are analogous, when we wish to combat a symptom which approaches to the secondary action of the medicine; and on the contrary, to prescribe infinitesimal doses when we have before us a symptom which approaches to the primary action of the medicine? For example, Rheum in small doses upon a healthy man produces constipation, and a large dose diarrhoea. If we wish to apply here the law of similitude, we ought then to administer infinitesimal doses in constipation, and the first dilutions, or even the mother tincture, in diarrhoea. The same rule applies to all medicines which in small doses produce constipation, and in large doses diarrhoea; that is to say, to that class formerly known under the name of purgatives. Thus Digitalis in toxic doses, produces asystolia, and in order to cure asystolia it requires doses of Digitalis approaching to toxic (maceration of leaves).

The poisonous doses of Quinine produce dangerous paroxysms, with syncope, which we find in the pathogenesis

of Hahnemann; and it is the Sulphate of Quinine in nearly poisonous doses (one to two grains) which cures the pernicious fevers.

Thus Mercurius in strong doses, continued upon a healthy man, produces ulcerations and a cachectic condition analogous to variola, and it is the same large doses which cure variola. Thus Croton Oil, Rhubarb, Bismuth, Veratrum, Arsenic, which in large doses produce diarrhoea, cure it better with the low than with the high dilutions; also tobacco, which in large doses produces upon the healthy man vertigo with vomiting, cures much better the condition called *vertigo a stomacho læso*, in the low than in the high dilutions. Again, the habitual use of water containing Iron produces a state of anæmia similar to chlorosis, and in order to combat chlorosis it is necessary to use Iron in strong doses.

In another sense we find, for example, that Silicea produces, in dynamized doses, congestion and pains in the glands of the neck, ulcerations of the throat, pains in the pre-existing ulcers. In order to cure these symptoms we should choose the infinitesimal doses of Silicea. It is with the dynamizations that Hahnemann has obtained the greater part of the symptoms of Sulphur, and the generality of homœopaths counsel the administration of the twelfth and thirtieth of Sulphur, in the treatment of diseases. These considerations apply also to Lycopodium, to Sepia, and to the majority of medicines. Yet one great difficulty is that the pathogeneses are made up in such a manner that we frequently ignore both the doses employed and the distinction between the primary and secondary symptoms. This is why I demand a reform in the materia medica. In allopathy the reverse is the rule. Thus it applies the secondary action to the cure of primary symptoms, and, *vice versa*, the primary action to the cure of secondary symptoms: for example, Rhubarb, in large doses, secondary action, for constipation, which is a primary effect of Rhubarb; Aconite in large doses, secondary action, for febrile heat, which is a primary effect of Aconite; Digitalis in large doses, secondary action, for rapid pulse, primary effect. On the contrary, when allopaths give Sulphate of Quinine,

Mercury, Iron, Opium, in large doses for intermittent fever, syphilis, chlorosis and diarrhœa, they practice homœopathy, since they prescribe for symptoms analogous to the secondary actions of medicines, doses capable of producing secondary effects.

But if allopaths frequently practice homœopathy without knowing it, it is just to add that homœopaths who prescribe twenty and forty drops of the mother tincture of Aconite in fever unconsciously practice allopathy; for they apply the secondary action of Aconite lowering the temperature, against the febrile heat: *contraria contrariis curantur*.—[*American Homœopath*, September, 1880.]

CLINICAL REMARKS ON THE SUBJECT OF AFFECTIONS OF THE HEART.

BY DR. MARTINY.

[Translated by Roswell D. Valentine, from the *Revue Homœopathique Belge*.]

Obs. IV. At the commencement of my studies and of my practice of homœopathy, I did not think that even our remedies could have any influence whatever over heart affections, which I considered incurable. I hardly ever employed the infinitesimal doses on these maladies. Having one day met Dr. Mouremans he assured me that he had cured true affections of the heart, and gave me some indications for the employment of *cactus*. I confess that I doubted a little these cures. I thought rather there was a transient amelioration, a certain remission of the symptoms, such as we see frequently enough.

I proposed, however, to try *cactus* on the first occasion. A short time afterwards one of my friends sent to me a poor postman from a small town near Brussels. This unfortunate had been suffering a long time, and was going to be dismissed because he was unable to perform his work. He was taken with palpitation of the heart after a movement more rapid than usual, or after the least emotion. He experienced then a sharp pain in the precordial region, "as if his heart were squeezed in a vise," such was his ex-

pression; formerly he had suffered with sciatica, pulse bounding, heart slightly hypertrophied, second sound rough and blowing; a light sound of friction indicated that the pericardium was attacked; cardiac pulsations very violent. He had from time to time vertigo and a sensation of agitation in the head.

This case appeared to me exactly enough adapted to *cactus*. I prescribed three powders containing each three globules of *cactus* 3 c., to dissolve each powder in six spoonfuls of water, dose, two spoonfuls a day, one in the morning, one in the evening; after the first powder to remain two days without medicine before commencing the second, and so on. A little amelioration having supervened, I persisted in the treatment; the improvement progressed slowly, it is true, but regularly; the poor employee was able to continue his severe work, and at the end of about two years he no longer felt anything. Was he cured? Radically. Neither percussion nor auscultation gave any abnormal signs.

I had completely lost sight of this man, when lately, being in the little town where he lives, I saw him coming to meet me full of health and life; having heard of my arrival, he had hastened to come "to thank me once more."

Such is the history of the first cardiac affection which I treated by homeopathy; it has made a strong impression upon my mind. It is well to note that the medicine was in the 3rd centesimal dilution, a fantastic dose with our adversaries, and of which the patient took only three globules in three days; three globules of sugar of milk saturated in the 3rd dilution of *cactus*—that is to say, in a mixture containing one-millionth of a drop of the tincture of *cactus*.

The partisans of strong doses would laugh at this; however if they would reflect a little, they would see that toward the world of the infinitely small, toward the molecular world, are directed at the present day the researches of all savans, and all the new discoveries are demonstrating the power of these infinitesimal molecules and their marvelous properties. Such are, for example, the curious studies of P. Carbonelle upon the movements of microscopic corpus-

cles suspended in a liquid; such are again the more recent experiments of M. Crookes upon radiating matter. (1) The progress of sciences are furnishing brilliant proofs of the sometimes marvelous action of remedies given in the infinitesimal dose.

But, returning to our patient, I ought to add that I did not modify his ordinary regimen; he drank only weak coffee; I did not think it necessary to prohibit it. I insist a little upon this detail, because our opponents would not fail to attribute the cure to regimen.

There was suspicion here of aortic insufficiency of an angiocardiac form with phenomena on the part of the pericardium; the lesion was not advanced, it is true, the hypertrophy was not yet very pronounced; the affection was probably of a rheumatic nature; the patient had been tormented formerly by a sciatica of long duration.

Without the aid of homeopathy, this unhappy man who was placed in the worst condition of hygiene, would have rapidly succumbed to the progress of his disease, one of the gravest amongst affections of the heart. As we have said above, we are of the opinion of those who think that it is not necessary for the treatment to preserve all the distinctions established in diseases of the heart, we believe, however, that in the prognostic point of view particularly, it is well to distinguish plainly, mitral from aortic affections: we speak only of insufficiency, for, as M. See says, simple aortic narrowing is very rare, and when it exists without other alterations, there is easily established a sufficient compensation, and this lesion is compatible with a long life; insufficiency, on the contrary, is of all valvular lesions that which gives occasion oftenest to surprises, to sudden death. Every time that it is well made out, it is necessary to warn the relatives of the patient that accidents sometimes most shocking are to be feared. On the other hand the most stringent orders ought to be given to the unhappy patient to avoid every kind of error.

(1) *Revue des questions scientifiques.* Janvier, 1880.

Book Notices.

The Second Volume of Duncan's Diseases of Infants and Children, has now been out some time, and has, in general, been well received. We have looked it over faithfully, every page of it, and are pleased to state that it is a worthy companion-piece to Volume 1st. The indefatigable author has gleaned thoroughly and well a very wide field, and is entitled to our thanks for these two fine volumes—the first in our language in the Homœopathic school. How he does so much traveling and writing, and editing, and thinking, and talking, and publishing, and advertising, and yet remains so *plump* and genial, is a mystery to those who dwell among books.

Ah! a second thought explains it all! He is not a *dux* in a College Faculty; hence his liver *ducts* are always in good condition and *ergo*, himself a *good liver*.

This second volume includes all the diseases of the Liver, Pancreas, Spleen, Supra-renal capsules, Thymus, and Thyroid glands, and the Lymphatics, giving in each case the Anatomy and Physiology of the organ, as well as the treatment of its complaints. Then follows the affections of the heart and blood vessels, the air passages and genito-urinary diseases of both sexes, and closing with diseases of the brain, skin, eye and ear, worms, bronchitis and congenital or infantile syphilis.

What especially pleases us is giving the anatomy and function, and development of each organ, before attempting to describe any disease or its treatment.

It is another monument to American authorship, and is in the line of two-thirds of our practice. 'Tis a handsome book of 980 pages, and costs but \$3.50. A library without it will be incomplete. — [Ed.]

TRANSACTIONS OF THE AMERICAN HOMŒOPATHIC Ophthalmological and Otological Society—fourth annual meeting, Milwaukee, June 15, 16 and 17, 1880. Pp. 86, 8vo.

A most excellent set of papers by our best specialists—interesting even to a common doctor. *The learning* of our aurists and oculists add greatly to the tone and *esprit du corps* of our school, in its rapid strides to the front in the last ten years.

LUTIES' HOMŒOPATHIC CIRCULAR, October, 1880.

MUNSON'S HOMŒOPATHIC BULLETIN, September, 1880.

PRICES CURRENT—Of McKesson & Robbins, Wholesale Druggists. New York, 1880.

BOERICKE & TAFEL'S Quarterly Bulletin of Homœopathic Literature. New York and Philadelphia.

THE VINUM-NUTRIO.—Phos. Phaticum, in relation to Health and Disease, by the Orthozoic Chemical Association. 1200 Broadway, N. Y.

THE WESTERN FARMER OF AMERICA.—By Augustus Mongredien, author of Free Trade and English Commerce. Cassell, Peter, Gilpin & Co., London, Paris and New York.

ANNALS OF THE BRITISH HOMŒOPATHIC SOCIETY, and of the London School of Homœopathy. London, England. Published half-yearly—to be had at Boericke & Tafel, 145 Grand Street, New York.

REPORT OF THE BUREAU OF ORGANIZATION, REGISTRATION AND STATISTICS to the American Institute of Homœopathy, at its session held in Milwaukee, June 15, 1880. I. T. Talbot, Chairman Bureau.

GENERAL PARESIS.—By Seldon H. Talcott, M. D., Medical Superintendent New York State Homœopathic Asylum, for the Insane, Middletown, N. Y. From the author. Reprint from the *Homœopathic Times*, May, 1880.

"DOCTOR, WHAT SHALL I EAT?"—A Hand-Book of Diet in Diseases for the Profession and the public, by Chas. Gatchell, M. D., formerly Prof. of Theory and Practice of Medicine, University of Michigan. From the author, Milwaukee, 1880; pp. 147; 12 mo.

WE have received some advanced sheets of Eaton's new book on Gynecology, and are delighted with their appearance. It has the largest type of any work in our school, and is decidedly pleasant to the eye of the critical reader.

NINTH ANNUAL REPORT of the State Homœopathic Asylum for the Insane, at Middletown, N. Y., with the compliments of Dr. Seldon H. Talcott, M. D.

Great thanks are due the great State of New York, whose generosity and enlightenment is doing such a great and good work for humanity and Homœopathy.

HOYNE'S CLINICAL THERAPEUTICS.—Parts IX and X of Volume II. From the author. Pp. 643. Price \$2.00.

We are pleased to see Prof. Hoyne getting along so well, with his succession Parts. He is certainly a man of *parts*, all of which are good and most of which are excellent. The continuation of citation of cases under each remedy is the strong point of his *Therapeutics*, and the true way to impart knowledge to the student of medicine.

HEMPEL'S MATERIA MEDICA AND THERAPEUTICS, by Arndt.—Vol. I., has been lying on our table for the last month, and we have conceived a greater liking for it than any other, except it be Cowperthwaites'; and as they do not occupy the same field, there is no rivalry between them, both authors being rising men of undoubted ability and promise

in our Western Universities, where the best of American thought is now being molded. The laurels of authorship are certainly moving with the tide of Empire.

It has fallen to our lot to search through many books at various times, some with great pleasure, some with great disappointment. This volume meets the demand with us, by reason of its scholarly finish and satisfying completeness.

Not all the works of Hering, Lippe and Allen have done so much as this *Materia Medica* of Hempel's to popularize Homœopathy, and to inculcate a catholicity of spirit among the profession, never forgetting that science is the handmaiden of medicine, and Pathology the foundation stone of Therapeutics.

But what makes this volume so useful as a daily companion is the great abundance of clinical cases found under nearly every remedy, well-chosen and illustrating the special curative field of each special drug. Another good feature is a very complete clinical index, which adds greatly to the convenience and value of the work. And lastly, we have to thank W. A. Chatterton, the publisher, for giving us the handsomest printed and bound book that ever appeared from the Medical press of the great city by the "unsalted seas." Pp. 780, 8vo. Price, \$5.50 Cloth; \$6.50, half morocco.

DR. CHAS. GATCHELL'S *HAND-BOOK OF DIET IN DISEASE*, fills an "aching void" in every sick man's stomach, in a most scientific and satisfactory manner. We therefore recommend its purchase by every doctor everywhere. The Chapter on "How to Feed Fevers," has appeared already in full several months ago in the "CLINICAL REVIEW," which shows how highly we value this beautiful little book of 147 pages. It gives the appropriate diet in Dyspepsia, Constipation, Consumption, Diabetes, Scrofula, Rheumatism, Diarrhœa, Biliousness, Diphtheria, and many other diseases. Also, diet for travelers, for corpulent and in sea-sickness, alcoholism and cholera-infantum. Gives directions how to nurse, and feed, and wean the baby, and how to choose a wet nurse; and not the least among its good things to have in the family, is the scattering through its pages of 121 recipes for preparing beverages, meats, oysters, broths and soups, breads, gruels, custards, etc.

It is written in an easy, flowing style, and shows that the author knows a thing or two besides medicine, although only married a short time.

Editor's Drawer.

REMOVED.—Dr. Adolphe Uhlemeyer from 1411 Salisbury street to 1420 same street. Residence, 1209 Grand avenue.

PROF. KERSHAW will deliver the opening address of the College Course, in St. Louis, on the 28th day of September, at the College Hall, at 10 A. M.

DR. J. P. DAKE, JR., formerly of Nashville, Tenn., has located in Hot Springs, Ark., and formed a partnership with Dr. L. S. Ordway, who is widely and favorably known as a long resident of Hot Springs. With such a sire as J. P. Jr. has, an auspicious future certainly awaits him.

RETURNED.—Profs. Walker and Parsons from Ingleside, Lake Minnetonka, greatly refreshed and rested. Prof. Parsons has assumed the management of the Surgical Department of the CLINICAL REVIEW, and has furnished all the surgical material for this number.

DR. C. H. GOODMAN is at the sea-shore with his family—dallying with old Neptune—on the festive Atlantic waves. May his shadow grow larger! He may be cultivating the theory and practice of public speaking with a pebble under his tongue, as *we* and Demosthenes did some years ago!

DR. HAGGART, one of the leading Homœopathic physicians of Indianapolis, has accepted the Professorship of Physiology and Hygiene in the Indiana Eclectic Medical College, soon to be opened in this city. As the teaching of these sciences do not embrace therapeutics, no special compromise and to be made, either by the Doctor in accepting or the Trustees in tendering him the position.

COLLEGE ALUMNI.—The following names were inadvertently omitted in the *Circular Letter* issued by the Executive Committee on September 10th: I. N. Eckels, M. D., Honorary Degree, San Francisco, Cal., and I. Kafka, Bohemia, both in 1871. In 1873 E. B. Potter, M. D., Paducah, Ky., received the *ad eundem* degree.

HOMŒOPATHIC COLLEGE FREE DISPENSARY REPORT for the Month of August, 1880.—Cases: Surgical clinic, 282; Gynæcological clinic, 112; Eye and Ear clinic, 55; Neurological clinic, 19; General clinic, 561. Total, 1029. Dr. Parsons, Surgeon; Dr. Collisson, Gynæcologist; Dr. Campbell, Dentist and Aurist; Dr. Kershaw, Neurologist; Dr. Dionysius, in charge General Clinic.

MARRIED.—James A. Campbell, M. D., and Miss Eva Burden, both of St. Louis, were married September 15th, and left same day for the Northern Lakes, on a bridal tour. "Take him for all in all, we shall not look upon his like again"—as a bachelor. Anybody can make a pun here, but as the groom is a most inveterate punster himself, we will strike the harp gently, and softly remark that our Campbell is abundantly able to carry off his Burden. It is Eva thus!

LACTOPEPTINE.—With this preparation we have, in the last two months, cured two cases of dyspepsia. One was an emaciated anæmic gentleman, who vomited at the close of each meal the entire contents of his stomach. A dose (5 grs.) after each meal cured in three days. The other, a lady with endometritis of long standing; had a fiery burning in the stomach after eating, with sour eructations. Cured in same way in ten days.

THE HERING MEMORIAL MEETING.—The St. Louis Society of Homœopathic Physicians and Surgeons has appointed a committee to make arrangements for suitable exercises in commemoration of the life and services of Dr. Hering, on the 10th of October, in St. Louis. The committee consists of Drs. Comstock, Gundelach, Richardson, Uhlemeyer, and Goodman. Resolutions will be passed. Prof. Walker will deliver the memorial oration, Prof. Valentine an original poem, and Dr. Chas. Gundelach will give personal reminiscences of the distinguished deceased. Many others will prepare remarks, and all are invited to participate in this memorial meeting.

A HOMŒOPATHIC DOSE-LIST.—In Dr. Sam. Potter's forthcoming book will appear a complete dose-list, which is very admirable. below we illustrate the plan, its utility being shown at a glance.

Figures alone, signify the attenuations on the centesimal scale; followed by an x, the attenuations on the decimal scale.

The variation in the type is used to distinguish the most important drugs from those less so. The medicines of first rank are in **Black Type**, those of second rank in **SMALL-CAPS**, those of less importance in lower-case :

ABBREVIATION.	NAME AND SYNONYM.	ATTENUATIONS, ETC., mentioned by			
		Ruddock	Hughes.	Hale.	Others.
Abies can.....	Abies Canadensis, <i>Hemlock spruce</i>			o	
Ac. benz.....	Acidum benzoicum, <i>Benzotic acid</i>	3x, 2	3		
Ac. carb.....	Acidum carbolicum, <i>Carbolic acid</i>	1x, 2x	1-3	2x-6x	
Ac. fluor.....	Acidum fluoricum, <i>Fluoric acid</i>	3x, 3	5x		
Ac. gall.....	Acidum gallicum, <i>Gallie acid</i>			1x, 6, 12	
Ac. hydrobro.....	Acidum hydrobromicum, <i>Hydrobromic ac.</i>			o 1x, 6	
Ac. hydrocy.....	Acidum hydrocyanicum, <i>Prussic acid</i>	1, 3x	1, 3x, 6x		
Ac. mur.....	Acidum muriaticum, <i>Muriatic acid</i>	1x, 1, 3	1x, 2x		
Ac. nit.....	Acidum nitricum, <i>Nitric acid</i>	1x, 1, 3x, 3	1x, 30		
Ac. oxal.....	Acidum oxalicum, <i>Oxalic acid</i>	3x,	2		
Ac. PHOS.....	Acidum phosphoricum, <i>Phosphoric acid</i>	1x, 1, 3x, 3	1x		
Ac. pic.....	Acidum picricum, <i>Picric acid</i>			6, 10	
Ac. salic.....	Acidum salicylicum, <i>Salicylic acid</i>			O, 1, 3	
Ac. sulph.....	Acidum sulphuricum, <i>Sulphuric acid</i>	1, 6, 12	2x		
Ac. sulphs.....	Acidum sulphurosum, <i>Sulphurous acid</i>	1x			
Ac. tann.....	Acidum tannicum, <i>Tannic acid</i>	1x			
Acon.....	Aconitum Napellus, <i>Monks' hood</i>	1x, 3x, 61x, 3x, 30			

PHILADELPHIA, August 14th, 1880.

At a meeting of the Homœopathic Physicians of Philadelphia, held July 25th, 1880, in reference to the decease of Dr. Hering, the following resolution was adopted:

"That a Memorial Meeting be held in honor of the deceased, at which physicians from all parts of the world should be invited to participate, either in person or by letter."

The following Committee was appointed to carry the resolution into effect: Drs. Ad. Lippe, Edward Bayard, William Wesselhoëft, H. N. Guernsey, J. C. Lee.

On the 13th of August this Committee met at the house of Dr. Ad. Lippe, and the following resolutions were adopted:

To call a Memorial Meeting of Dr. Hering, to be held in the City of Philadelphia, in the Hall of the Hahnemann Medical College, on Sunday, October 10, 1880, at 8 P. M.

To notify all the Homœopathic Journals of this Memorial Meeting, and ask them to so publish it.

To notify the friends of our School, and of the deceased, in all parts of the world, of this proposed Memorial Meeting, to ask them to hold a Memorial Meeting on the same day, and forward the report of such meeting to this Committee for incorporation in a memorial volume to be published by the friends of the deceased.

By order of the Committee,

AD. LIPPE, Chairman.

A CIRCULAR LETTER TO THE
ALUMNI OF THE HOMŒOPATHIC MEDICAL COLLEGE OF
MISSOURI.

ST. LOUIS, Mo., September 10th, 1880.

At the close of the spring session of the Homœopathic Medical College of Missouri, the Managers of the Institution, with the prospect before them of having a new and commodious college building, grounds, etc., after mature reflection, and with the full consent of the teaching body, obtained a new charter and a new name to be styled the St. Louis College of Homœopathic Physicians and Surgeons. This change was made solely for financial reasons.

A new Board of Trustees was chosen, composed of some of the best known and most respectable citizens of St. Louis.

The following gentlemen compose the

BOARD OF TRUSTEES.—G. S. Walker, M. D., Robert E. Carr, Gerard B. Allen, David P. Dyer, T. G. Comstock, M. D., Benj. W. Lewis, Charles Gundelach, M. D., Wm. Collisson, M. D., Azel B. Howard, Hugh McKittrick, Ex-Gov. E. O. Stanard, Charles Vastine, M. D., Rev. John Snyder.

The faculty is unchanged, is perfectly harmonious, and working enthusiastically for the College and the Homœopathic School of Medicine.

Nine members of the Faculty have been honored teachers of this College for years, and their names are known wherever Homœopathy has a foothold.

Below are the names of the old teachers in this College, the present Faculty of Medicine of the St. Louis College of Homœopathic Physicians and Surgeons. (See fourth page of cover.)

As the St. Louis College of Homœopathic Physicians and Surgeons is practically the successor of the old Homœopathic Medical College of Missouri, it is proposed to grant the *ad eundem* degree of the St. Louis College of Homœopathic Physicians and Surgeons to all good and reputable graduates of the old college who may desire said degree. It may be proper to state just here that the charter and name of the Homœopathic Medical College of Missouri is still held by its Officers and Board of Trustees, and no other college or institution possesses it at this time, nor has any other organization any claim, right or title to the name.

The following document, bearing upon the subject, may be of interest:

JEFFERSON CITY, Mo., August 24th, 1880.

C. W. SPALDING, M. D., 1525 Olive street, St. Louis:

DEAR SIR—The papers of Articles of Association of the "Homœopathic Medical College of Missouri," referred to in yours of this day received, have not reached this office. * * * *

When the papers relating to the College referred to by you are received, I will give you due notice thereof, and time to make your objections to the Incorporation.

Very respectfully, your obedient servant,

[Signed]

MICH'L K. McGRATH, Sec'y of State.

The regular Lectures and Clinics for the coming session will be held at the old College Building, 10th and Carr streets, where they have been delivered for several years past, beginning Sept. 28th.

JAMES A. CAMPBELL,

C. L. CARRIERE,

ADOLPHE HILMEYER,

J. MARTINE KERSHAW,

Executive Committee of Alumni Association of Homœopathic Medical
College of Missouri.

THE ST. LOUIS CLINICAL REVIEW

PHILO G. VALENTINE, A. M., M. D., EDITOR.

VOLUME III

ST. LOUIS, OCTOBER 15, 1880.

NUMBER 8.

Hering Memorial Services,

Held in ST. LOUIS, OCTOBER 10th, 1880.

COMMITTEE OF ARRANGEMENTS.

CHAS. GUNDELACH,
S. B. PARSONS,
JAS. A. CAMPBELL,

T. G. COMSTOCK,
J. MARTINE KERSHAW,
WM. COLLISON.

The Philadelphia friends of Dr. CONSTANTINE HERING soon after his death, assembled in a public meeting, and asked that all over the world, commemoration meetings should be held on the same day, at the same hour, and selected the 10th of October to be the day, and eight o'clock P. M. to be the hour. In compliance with this request, and under the inspiration of such an appropriate and beautiful thought, something over four hundred of the best people of St. Louis met at Pickwick Hall at the above appointed time, to listen to the Hering Memorial Services given under the auspices of the St. Louis Society of Homœopathic Physicians and Surgeons.

Musical softened and sweetened the air. The hush of prayer pervaded every heart; the muses sung in lyric and heroic verse, and oratory, in all the luxuriant finish of

classic diction, hung garlands of *immortelles* all along the wondrous career of the hero whose memory we met to honor.

The meeting was called to order by W. A. Edmonds, M. D., President of the St. Louis Society of Homœopathic Physicians and Surgeons.

QUARTETTE.—“Come Gracious Spirit,” E. Marzo. Sung by Mrs. O. Girard, Mrs. J. E. Mills, Prof. Allman, and H. Blickhan. Miss Lizzie Garriott, accompanist.

INVOCATION.—Rev. John Snyder.

BIOGRAPHICAL SKETCH BY DR. CHARLES GUNDELACH,

Chairman of the Committee of Arrangements of the “Hering Memorial Meeting.”

Constantine Hering was born in Oschatz, Saxony, on the first day of January, 1800. From his earliest age he exhibited an insatiable thirst for knowledge, and many of his boyhood's earliest hours were spent in wandering over his native hills exploring the works of nature. From 1811 to 1817, while attending the classical school at Zittau, he made a large and valuable collection of minerals, herbs, skulls and bones of animals. His medical studies were pursued at the Surgical Academy of Dresden. Later he entered the University of Leipzig. Here the celebrated surgeon, T. Henry Robbi, who was his preceptor, made him, in 1820, his assistant. While thus employed, Dr. Robbi was requested by the founder of a publishing house to prepare a work that in its thorough exposure of the system, should utterly uproot homœopathy from the land. Dr. Robbi declined the enterprise, but referred him to young Hering as one perfectly competent for the task. Hering accepted, and in preparing himself was compelled to consult the works of Hahnemann, which, after a diligent research and study, convinced him of the truth of the law. “*Similia Similibus Curantur.*” He pursued this new study with characteristic ardor against the counsels of his teachers and the entreaties of his friends. An incident which occurred about this time contributed largely to

the decision at which he had arrived. He had received a dissecting wound which resisted the utmost efforts of the best physicians and surgeons. His hand was in such a condition that amputation was advised as the only hope of saving his life. In this exigency Hering applied to a homœopath, who gave him encouragement. The treatment* proved eminently successful and saved the limb. Dr. Hering then determined to devote his life to homœopathy. In 1825 he was enabled, by pecuniary assistance, to prosecute his studies at the University of Wurzburg, where he graduated the next year on the 23d day of March, with honor, defending at the same time his chosen thesis, "*De medicina futura*," thus showing no concealment of his sympathy with the views of Hahnemann.

In the following year he was appointed instructor in mathematics and natural science in Blochmann's Institute in Dresden, and after remaining there for several months he was appointed as a member of the royal commission to make researches and collections in zoology in Surinam, South America. During his stay there he continued his study of homœopathy and practiced it to some extent, besides writing some articles for the "Homœopathic Archives." This latter proceeding was brought to the notice of the King, who directed Dr. Hering to confine himself to the duties of his appointment and let outside matters alone. By the return mail Dr. Hering sent in a report of his accounts in full, and, resigning his official position, began the practice of medicine in Parimaribo. A few years later he sailed for home, and on the way landed in Philadelphia, in 1833. Here he found that a good introduction of homœopathy had been made by the late Dr. George H. Rute in the previous year, during the epidemic of cholera. He was persuaded to stay, and soon acquired a large and lucrative practice. Dr. Wm. Wesselhoeft, who had established homœopathy on a firm footing in several counties in Pennsylvania, made Dr. Hering's acquaintance and proposed the establishment of a homœopathic school at Allentown, which was to be supported by a stock company. Dr.

*Arsenicum.

Hering agreed to remove to Allentown and to assist in the school whenever a salary was "guaranteed to him equal to that of any first class clergyman in Allentown."

The stock company was formed and the salary provided and Dr. Hering went to Allentown, where he remained two or three years. He was made president of the Homœopathy School, which was the first of its kind in the world, and from which the Homœopathic Medical College of Pennsylvania was afterwards started. Dr. Hering returned to Philadelphia and has resided there ever since. He published a work on "The Rise and Progress of Homœopathy," which had a very extensive circulation. In 1846 the Homœopathic Medical College of Pennsylvania was founded, and Dr. Hering was elected Professor of Institutes and Materia Medica, which he held at intervals until 1867, when he assisted in founding the Hahnemann Medical College of Philadelphia, in which he held the same chair until 1869, when he was compelled to resign on account of his age, and was made Emeritus Professor.

Dr. Hering was a member of the Academy of Natural Science of Philadelphia, to which institution he presented his large zoological collection. He was one of the founders of the American Institute of Homœopathy, and was its first president. He was also one of the originators of the American Provers' Union, instituted August 10th, 1853.

Dr. Hering's life work was materia medica. He made physiological provings of the most of our remedies, introduced many new and very valuable drugs, and published his remedies and experiences in different works, and was during all his years of practice a very diligent contributor to the periodical medical literature in America, as well as in Germany. Of his publications should be mentioned his "Domestic Physician," published in 1835. This work passed through fourteen editions in America, two in England, thirteen in Germany, and has also been translated into the French, Spanish, Italian, Danish, Hungarian, Russian and Swedish languages.

The Effects of Snake Poison, 1837.

Suggestions for the Provings of Drugs, 1853.

Amerikerische Arzneipruefungen, 1853-1857.

Translation of Gross' Comparative Materia Medica, 1866.

Analytical Therapeutics, first volume, 1875.

Condensed Materia Medica, two editions, 1877-1879.

Guiding Symptoms, the third volume of which he completed just prior to his death. This, his life work, proposed to give the characteristics of every drug used by the homœopathic profession. The work will occupy twelve or fifteen volumes when completed. The manuscript is in such shape that the work can readily be completed.

In person, Dr. Hering had an imposing and dignified appearance. He was tall and wore spectacles; beard full and hair long and curling. Dr. Hering was married three times. His first wife he married in South America, where she died, leaving one son, who now resides in Parimaribo. While living in Allentown he married a Philadelphia lady, by whom he had three children, only one surviving, a daughter, married and living in Boston. His second wife died, and during a visit to Germany in 1839 he married the daughter of Dr. Buchheim, a celebrated allopathic physician, by whom he had eight children, six of whom and their mother survive him.

Dr. Hering enjoyed good health until about ten years ago, when, at the ripe age of seventy, he occasionally suffered from attacks of asthma. Even to the last day of his life he was in comparative good health, having attended to his patients during the day, had retired later in the evening to his library and was engaged in his literary study, when suddenly he was attacked with paralysis of the heart and died, surrounded by his sorrowing family, on Friday evening, July 23d. 1880, in the 81st year of his age.

By. W. A. EDMONDS, M. D

We are here, saddened and subdued by bereavement in the death of our distinguished friend, to condole with each other in our severe loss, and to pay the last sad tribute to his blessed memory.

In surveying a great and noble life, like that of Dr. Hering, we very naturally incline to be inquisitive as to the

peculiar point or quality of character which may have resulted in so much usefulness and prominence.

Undoubtedly the great beacon light of his life-work and charm of his character, was his enthusiasm; the enthusiasm of conviction, and especially his conviction as to the theoretic and practical truth of Homœopathy.

By enthusiasm, we understand that peculiar emotional glow and warmth of delight experienced upon the attainment of a new knowledge or new idea.

All of us have greater or less experience of such emotion; but so soon do we turn aside into the avenues of sordidness and selfishness, to see what of gain or position may be made out of the newly gotten idea, that the sensation, like the sparkle and aroma of the recently uncorked vintage, wastes with the touch of early use.

A pure and unalloyed enthusiasm is not found in companionship with avarice, ambition and untruthfulness. The purely selfish intriguer may be impelled by his desires, to heroic efforts and deeds of daring, but is ever a stranger to that holy poetic fire which warmed and illumined the pathway in the life of our distinguished comrade. To say, then, that he was enthusiastic is to say that he was truthful or loyal to his convictions.

Peculiarities of organization and modes of life, as before intimated, render enthusiasm with most of us an ephemeral affair. With our dear departed friend, this activity was in ceaseless motion and presence. He loved the truth for itself, and for its usefulness to humanity; he loved it as the young mother loves her newly first born; and as the love grew older, it grew stronger and warmer, until in the very last days of a long and eventful life, it shone with a phosphorescent glow and undimmed splendor. His unselfish love of the truth and devotion to conviction was "a thing of beauty, a joy forever." With all my soul I bow with reverence and adoration in presence of a life so resplendent with loyalty to truth, or at least that which he believed to be true. Hundreds of practitioners, the country over, evince much of his brain power and industry, but for want of his peculiar mental warmth never approached his eminence. There seemed to be a charm and magnet-

ism about this element of his character, which sent him at a bound away ahead of all competition. When a new knowledge, or a new truth had set his head and heart fairly aglow, he never halted to inquire what might be the consequence of its adoption; whether it would bring gain and position or loss and disparagement. In the earlier years of his life, he was requested by his preceptor to furnish a paper in refutation of homœopathy. Most young men under such circumstances would have set to work in quest of material to furnish the desired refutation and thereby receive the approbation of his superior. But he, with a true nobility of soul, went straight to the side of Homœopathy to ascertain what might be said in its favor, with the result, his immediate conviction and conversion, instead of the contemplated refutation.

At a later period of his life he, with others, was sent abroad by his government for scientific purposes. Very soon he was detected by one of his medical associates in the promulgation and practice of Homœopathy who at once reported his conduct to his superiors. He was ordered to confine his attention to special objects of his appointment.

Promptly he closed his portfolio, set his papers and accounts in order, tendered his resignation, entered upon his life work in the teaching and practice of his profession; and so continued to preach and practice, through good or evil report, praise or disparagement; living long enough to see the hated heresy a power in the civilized world, and a boon to humanity, in the ills to which flesh is heir.

In tracing his life and character we find a striking parallel to that, of the dramatic life of the illustrious Apostle Paul, who had but to know the truth or his convictions in any given premise, and he was ready to brave all the perils and hardships of fire, famine, stripes, imprisonments, shipwreck and martyrdom in its vindication. The trials of our friend were less literal and corporeal, but the social and official ostracism of his early days were scarcely less trying to a sensitive and noble nature.

Who shall estimate the results of such a life as its benign influence radiates and ramifies down the chambers and corridors of time, through ceaseless future ages, until

our efforts at comprehension are paled and wearied as in an attempt to grasp an infinity.

"If a man die shall he live again?" Let us, then, my friends, in this, our hour of bereavement, accept such a life and character as a great and mighty revelation in behalf of the soul's immortality. The good Father never made such a life to go down in one eternal night of annihilation. In the matter of what we call his death, we recognize the breaking up of the casket in order that the jewel may have a new setting, to fit it for the glories and splendor of the great beyond, where it is destined to glow and sparkle with an ever increasing brilliancy, through the countless cycles of an eternity, of which we may talk and write, but of which our present finite powers can have but a poverty of expression or appreciation.

Our friend in the flesh has gone, we shall see his face here no more forever.

For eighty long winters and summers did he continue the voyage of life, and when his mortality went down in the garden of death, he went down as some gallant ship, with sails unfurled and banners flying, with the inscription high over all; "Homœopathy as a truth once, always and forever."

"I AM NOTHING! GOD IS GREAT!"

BY S. B. PARSONS, M. D.

The theme of this poem was suggested by an incident in the life of Dr. HERING, which was that, in the early part of his professional career in Philadelphia, he was called to attend a little girl, an only child, who had been given up to die by all the physicians that had seen her. Dr. HERING was summoned to the case, not because the parents had any faith in the homœopathic mode of practice, but because they had heard of him as a gentleman of culture, a man of scientific attainments, and hoped there might something be found in his treatment that would restore their loved one to health. Dr. HERING's treatment was successful, and when his little patient was out of danger

and able to talk and laugh with her mother, the parents overwhelmed him with expressions of gratitude, complimenting him in the warmest terms on his skill and ability, and drew a bright picture of his future life and the high eminence he would some day attain in his profession. When they had ceased, he thanked them kindly, and replied: "I AM NOTHING! GOD IS GREAT!"

Could we draw the veil aside
From the night of infant state,
Mortal eyes would see the guide—
"I am nothing! God is great!"

Happy childhood—morn of life—
Chasing shadows drawn by fate;
Knows but faintly in the strife—
"I am nothing! God is great!"

Ever smiling, sunny youth,
Weaving webs to captivate;
Then unfolds the spirit's truth—
"I am nothing! God is great!"

Resting on the fair mid-land
'Tween the in and outer gate,
Budding manhood's thoughts expand—
"I am nothing! God is great!"

In the bloom of life's bright day,
Lurid storms may devastate;
Through the darkness beams a ray—
"I am nothing! God is great!"

Nearer draws futurity,
Nor asks the penitent to wait:
Clearer sees maturity—
"I am nothing! God is great!"

Gently comes life's winter day,
When the heart seems desolate;
In true faith will be its lay—
"I am nothing! God is great!"

TRIBUTE BY J. MARTINE KERSHAW, M. D.

As the majestic river passes to the far-off sea beyond, so has the life of him we have come to honor, gone to the unknown country. Like the grand old oak, ever erect and noble, he bore alike the storms of adversity and the clouds of sunshine, throughout the scores of years that were his to work and be faithful. Towering above his fellows, working and waiting for what he knew was truth, he was rightfully and indeed a king among men in his God-like work for humanity. The truth, the pure, snow-white, spotless truth, was that for which he labored and toiled, from the early spring-time of life, until the frosty winter of old age had come upon him, and then, full of years and full of honors, he crossed over to that land the Deity has given to those who work faithfully and well. His priceless treasures he has bequeathed to us and to the multitudes of God's sick and suffering creatures, in every clime and country, and the world is richer and better to-day, because CONSTANTINE HERING lived and worked in it. In the quiet city of the dead, where countless weary toilers sleep, the sad song of the autumn winds is heard above the resting place of him for whom we mourn to-night; but the earnest life-work, and more than human deeds of the great departed, still live for us and the coming worlds of people.

BY C. W. SPALDING, M. D., D. D. S.

MR. PRESIDENT: There are epochs in human history, that are occasioned by the discovery and introduction of new principles or laws, which in their operation have a direct relation to human happiness and the welfare of society. Not that there is anything absolutely new; for all things exist potentially, in the creator from eternity; and are called new, when they come into actual existence in the material universe.

The discovery and announcement of the law "*similia similibus curantur*," constitutes such an epoch. Upon this great basal verity, has now been founded a school of Medicine differing from all previous schools, in the adoption, and application to practice, of this therapeutic law.

The fundamental principles of medical science are the same in all schools of medicine; the differences being chiefly in their systems of therapeutics.

In order that the beneficent effects of a new therapeutic system should be made available, for the alleviation of human suffering by the removal of diseases, it became necessary to develop and establish by study and experiment, a system of medication in agreement therewith. Homeopathic "*Materia Medica*" has arisen from this necessity. The proper presentation, and the ultimate establishment of new ideas in the minds of men, or of new methods in their habits of life, call into activity the labors of a class of minds peculiarly fitted for the performance of there definite tasks. As the knowledge of the discovery of this new therapeutic law was disseminated, it arrested the attention of such medical minds as were endowed with sufficient independence of thought to allow them to be open to conviction; and prominently among these was the man whose life, and not whose death, we are now assembled to commemorate. His first study of the new system, was occasioned, we are told, by his being assigned to the duty of refuting it. This is not the first time, that the individual chosen by his fellows as the one most capable among them, of disproving the new ideas, has become an able instrument in establishing them upon surer foundations and of spreading among mankind a better knowledge of their transcendent merits.

In reducing the new law to practice, the great problem to be worked out was the ascertainment by trial of the specific action of drugs upon the human system, and subsequently the orderly arrangement of the great mass of experimental knowledge thus obtained, into such form as to render it readily available in the practice of medicine. For the successful accomplishment of this important task, it was requisite that individuals peculiarly qualified by nature and education for this particular work should devote their lives to its developments and perfection. In this arduous labor, Dr. HERING has spent the best years of his life. To him, in very large degree, the Homœopathic physician is indebted for the completeness of our system of med-

ication. Patience, industry and untiring perseverance have been brought to the work, and if any man is more than any other, entitled to be called the apostle of Homœopathic materia medica, that man is CONSTANTINE HERING.

BY DR. J. P. FROHNE.

The gentlemen who spoke before me, have eloquently dwelt on the merits of the departed as propagator of Homœopathy in this country. Therefore, allow me to also remember his love for his native country, of which especially during the Franco-German war he bore brilliant testimony; celebrating the victory of the German arms most solemnly at his own house. He thus manifested that he was proud of being a native of Germany, of that country which sent many a great man over the ocean to sow the seeds of German thought and German art among distant nations.

The departed has shown his love for his native country and his interest in science by multitudes of articles in Homœopathic journals.

His essays are as genial as they are instructive, and his memory is, in due appreciation of his merits, this day celebrated in the cities of all Germany. And, wherever upon the face of the world Homœopathy has gained permanent ground, the name of CONSTANTINE HERING will be known and be ever memorable, since he has by his works secured for himself an immortal name!

To but very few of us mortals, is it granted to do as much for suffering humanity as he has done, for, Providence had laid in him the talents of a true therapist as well as of an author, of which during his long life, he has made the most salutary use, saving the lives of thousands who in the sense of gratitude now lament his loss.

The life and works of our HERING ought to be a shining model for us younger physicians, and may his memory be everlasting!

REMARKS BY DR. CHAS. L. CARRIERE.

Grand is the celebration of to-day! The fact that all Homœopathists of the world join in a Memorial Service

of one so universally known, esteemed and beloved as Dr. CONSTANTINE HERING, makes this celebration one of the grandest of the kind. It is proper, therefore, that on this occasion everything should be thought of which may add to the honor of our departed friend.

I have chosen to occupy the few minutes allotted to me, to draw your attention to the fact that Dr. Hering was not only a man of great culture and a most successful practitioner of the Healing Art, but in addition to his excellent qualities and his superiority, he was also on the progressive path as a christian; not a christian by name only, but one who did believe and trust in Jesus Christ, our Creator and Savior. Still, his faith differed from the generally acknowledged doctrines of the church of the past. As he left the old school of medicine and adopted the doctrine of "similia," and become one of the founders of Homœopathy, so he also left the old Church and became a receiver of the doctrines of the "New Jerusalem." Thus he was one of the beginners and promoters of the New Era, both in Medicine and Religion. A German paper, referring to his departure from this world, says: "Dr. Hering was made acquainted with the doctrines of the New Church soon after his arrival in the United States; he received them with warmth and zeal; he was of the opinion that the action of the Homœopathic remedies would at some time be established by the doctrine of correspondence." It may be proper here to state that the doctrine of correspondence is a doctrine of the New Church. The paper referred to, also states: "He occasionally mentioned that in his house the first German Christmas tree, in the whole large city of Philadelphia, spread its brilliancy." The words, "German Christmas tree," were probably used, because it is claimed that the Germans have introduced that custom in this country.

In looking at Dr. Hering as a medical man and as a religious man, we see that he was not led by a blind faith, he was not bound to the doctrines of his predecessors, because they were believed by them, or for the reason that they were the old and acknowledged doctrines of the world; he would investigate for himself, and be a rational believer

of that which he accepted as truth. His religious belief differed as much, and even more, from the generally accepted doctrine of the Church, as his Homœopathic theory and practice differed from the old school of medicine.

The difficulty of three persons in the Godhead, and how to make one of the three, did not trouble his mind, for he knew and fully understood that the Trinity was embodied in the Divine Humanity of Christ, and that there is but one God in but one person. Nor was it difficult for him to solve the apparent contradiction of the literal sense of the sacred scripture, neither the apparent contradictions of scriptural statements with the developed facts of this age; for he well knew that the Word of God is infinitely higher than human thought or language, and that in the inner life of these literal forms we find an inexhaustible fountain of the Divine Wisdom from which we may drink and never thirst.

From his knowledge of the spiritual world, and the relation between this life and the life to come, he knew that man as a spiritual being continues to live, that death is only the departure from one world to another; that it is but the material body that dies, and returns to the earth from which it was taken, there to remain and to rise no more, but man himself will never die.

When he, therefore, at the last moments of his earthly life, called his wife and told her: "I am dying," he knew that it was but the material form that had fulfilled its mission and would cease to exist, but that he, who had for many years, in and through that body, accomplished great uses upon this world, would not go from this land of the living to the silent repose of the dead, but from the land of first development and preparation to that of eternal perfection.

By. C. W. TAYLOR, M. D.

"The air is filled with farewells to the dying, and mournings for the dead." Hourly, in some graveyard, the yawning earth is closing around the inanimate forms of loved ones. We are summoned but once to join the innumerable caravan moving on into the "silent land."

When the summons came to CONSTANTINE HERING it found him ripe in years and intellect—four score years replete with benefits to his brother man.

Quietly, as a child, he sank into that last dreamless sleep and was borne to the "garden of the slumberers."

He whose soul panted for communion with the great and good, and reached forward with eager struggle to the guerdon in the distance, has passed away.

A flower is plucked from one sunny bower, a breach made in one happy circle, a jewel stolen from one treasury of love. A harvester has disappeared from the summer field of life, and his funeral winds like a wintry shadow along the street. A sentinel has fallen from his post, and is thrown from the ramparts of time into the surging waters of eternity.

His heart was hopeful and generous, his life a perpetual litany—a May-time crowned with passion flowers that never fade.

As often in the morning we find some flower that has blushed sweetly, in the evening has gathered up forever, so daily when we rise from the bivouac to stand against our post, we will miss our brother soldier whose ardent energy, brilliant example, and glorious victories in the sieges and battles of the past, have been as fire from heaven on our hearts—a pearl has dropped from the jewel string of friendship—a lyre, to which we have been wont to listen, is hushed forever. But life for him passed away, quietly as an eastern shadow from the hills, and his death was a triumph and a gain.

Deck not his couch with sombre shrouds,

It is not death, but only sleep,
That kisses down his eyelids now.

Then why should we in sadness weep?
He has but gained the needed rest

From weary toll, from care and strife.

His fittest need of praise will be,
The grandeur of an earnest life.

Take each, the lesson to his heart,
And in his earnest struggles know,

That he strives best, who strives for truth,
Though faint and weary he may grow.

You may not reach your highest aim,
Nor tread the heights that Hering trod,

But do your duty, in that lies
The path that leads you nearer God.

INCIDENTS IN THE LIFE AND CHARACTER OF CONSTANTINE
HERING, M. D.

By C. H. GOODMAN, M. D.

My relations with Dr. Hering were only those of pupil to teacher, for it was my privilege to sit under his instruction during the medical season of 1868-69 in the Hahnemann Medical College of Philadelphia. I can see him now as he hurried into the lecture room, his long hair flowing over his shoulders, and his eye, aflame with zeal and enthusiasm. What scrupulous attention to detail; how minutely and analytically he dwelt on the symptomatology of each drug, carefully weighing and balancing every expression and utterance! His mind was so full, so teeming with facts and information, the hour was too short to impart them to his hearers. During my calls at his residence, I was particularly impressed with his having recourse to his *Materia Medica* at every prescription. My examination hour with him was one of the pleasantest I have ever passed. The subject of my thesis being of some interest to him, he discussed it fully and took occasion to enlarge upon his own peculiar views of what constituted Life and Disease, and of the analogy between the effects of the latter and drug provings. He narrated to me at the same time his experience in curing with *ant. crud.* a large corn on the sole of the foot of a sea captain. "Why," he remarked with a merry look, "in a short time I was consulted by all the captains in the navy, and they all had corns on the soles of their feet and I nearly lost my reputation because I couldn't cure them all."

My last sight of him was on graduation day as he sat on the stage of the Academy of Music, beside Dr. Raue, to whom he was especially devoted, completely wrapped up in the orchestra which was rendering an air from the opera of *Der Freischutz*. He was nodding and bending apparently his head in unison with the music, oblivious to all his surroundings, smiles of pleasure brightening up his venerable face as the harmonious strains fell on his ear.

So was he completely tuned to and in harmony with the world and profession to which he devoted his life and best energies, and he fell like the ripe fruit from the tree and was gathered into the garner of the faithful.

ORIGINAL POEM
IN HONOR OF CONSTANTINE HERING.

BY DR. PHILO G. VALENTINE.

In a far-off land—toward the rising sun,
In a Saxon Village there was begun
The story of a life, I shall unfold,
As the lyric muse shall render me bold.
'Twas *New Year's* day, on the century's morn,
That this child of genius, *so rare* was born.
Of Christian descent and imperial mein,
He received the prenomén of CONSTANTINE.

He grew and thrived like that great emperor
Tho' in different fields *was he* conqueror.
He fought battles, 'tis true, but no blood spilled,
'Twas with love of learning *his* soul was filled.
'Twas hard to find such a *searcher for truth*.
Such a *lover of lore*, as this promising youth.

In classic schools, he made reputation
Beyond his fellows, or expectation.
In Leipzig and Dresden he did pursue,
His surgical studies, and medicine too.
At length, though young, he a *leader* became,
And carved his name high on the roll of fame.

Now, some learned doctors, self-styled orthodox,
Desired the up-rooting of heterodox,
Which doctors *like clergy* are prone to hate,
Despise and abhor and *abominate*:
A philosopher, sage, or *any man*
Was searched for to conquer *one Hahnemann*,
To write down *his* heresy, the *worst of all*,
This curing the sick with *no medicine at all*.

Young HERING knew University men,
And they knew *he* wielded a trenchant pen;
They tossed him the glove, he accepts the banter,
To crush out *similia similibus curantur*.

To post himself for th' annihilation,
He sought *every* book, *every* compilation.
Consulted great volumes, high-shelved and low,
This new medical creed to overthrow.
In hot pursuit of his line of attack,
Numerous libraries, he did ransack,
Never omitting to make quotation
Of *every* phrase at all in relation
To the subject-matter taken in hand—
To drive Homœopathy *from the land*.

Such was the feeling in Hahnemann's day,
The public arose in hostile array,
And denouncing him as a *frenzied fraud*,
Compelled him to seek a residence abroad;
In a land where learning and science advance,
In a land of sunshine, *liberty-loving France*.

But HERING *softened* in the presence of truth,
And with the ardor of genius and youth,
Saw, as light shone in from the other side
It was *with error* he had been allied.

Our honest hero *now*, convinced of his wrong,
Retraces his steps, and sings a new song;
The *creed* that was to be shown a *disgrace*,
He clasps to his bosom in fond embrace;
It became his solace, his pleasure, his pride,
And *he* its champion till the day he died.

He soon thereafter obtained his degree,
In an old German University.
His researches in science were so well known,
His name and fame reached the ears of the throne,
And with the King's commission in his hand
He sought his fortune in a foreign land.
'Twas *now* his intention, his theme, his boast,
To study nature on a tropical coast,
Beyond the sea he was destined to roam,
And *South America* became his home.

By the King he was especially sent,
To the southern half of this continent,

To learn *in the woods* of the torrid Zone,
The *flora and fauna* till then unknown.
To natural history, he gave his time,
Of all researches, none more sublime.
He gathered specimens, some of *them grand*,
And shipped them homeward to the fatherland.

For *seven* long years was he thus occupied
Garnering knowledge from every side,
Selecting and classing whatever found,
Then, set sail in a good ship *homeward-bound*.

He sailed from the tropics to a northern sea,
In the year eighteen hundred and *thirty-three*.

His voyage came to an unexpected end,
By disembarking in the land of Penn.,
A stranger he came, altogether unknown,
And *Philadelphia* claimed him as her own.

Inspired with great thoughts in this new found field,
And new beauties that nature here revealed,
In the realm of letters gained he quick position,
Which later in life gave him full fruition.

A return to Europe was in contemplation,
And arrangements were made for embarkation,
But, an *affaire du cœur* brought that to a close,
And our country henceforth was *couleur de rose*.

Near fifty years have rolled around *since then*,
While gifted HERING, rose exalted among men.
In *Materia Medica* without a peer,
He won laurels *all along* a brilliant career;
As husband, father, professor and friend,
I have nothing to say, except to commend.

But, there's an ending to *everything here*,
And *he's gone higher* to a brighter sphere.
'Twas a *midsummer night* he passed away,
And *climbed the heights* of the "golden stairway."
His evening like his morning in beauty gleams;
His death, but the lying down to pleasant dreams.
He's now in Elysium forever to dwell,
"After life's fitful fever he sleeps well."

QUARTETTE.—“*Jesus, Lover of My Soul.*” - - W. C. WILLIAMS.

ORATION DELIVERED BY G. S. WALKER, M. D.

CONSTANTINE HERING is dead. The great Healer has passed from the realm of wounds and diseases. The Antagonist of Death, and his conqueror on a thousand hard fought fields, has yielded at last, when the issue of the struggle was but his own life. Invincible in his conflicts for others, he was mortal only when he struck in his own behalf. And death has gained a splendid prize.

If the old chivalric theory be true, that all the honors of the defeated belong of right to the victor, Immortal Death has seldom, in all the ages, from the issue of a single fight, won so large a spoil. The mighty Physician, whose visits to the couch of suffering were as the Angel of Heaven's mercy, and whose prescription was Healing's potent spell; the calm, all furnished schoolman—the Champion of the Old School—who laid his boyish lance in rest against the Black Knight of Medical Heresy, and, doomed to dismemberment by his Client, was saved by his Adversary, and thence consecrated all the energies of his redeemed Strength to the new Banner of ‘*similia*’—bearing it, in triumph, through both Hemispheres and in every clime, under the Southern Cross, and Northern Pleiad, and planting it, with his dying hand, on the very citadel of the Enemy;—the great Teacher, whose graduation thesis was “*De Medicina Futura*,” and who founded the first College of our Order in the world; whose name lies at the foundation of our Medical Literature, side by side with that of the immortal Hahnemann;—the Poet, whose creative genius found and grasped, and whose sense of harmony set in eternal order and beauty, the great original truths of our system; the Seer whose prophetic vision pierced the sullen shadow of the Infinite, and brought within the apprehension of common men a revelation of the Divine;—the Laborer, whose untiring energies knew no pause or recreation, save in added and deeper toils; the Hercules, who cleansed the fouler than Augean Stables of Medical Science, and encountered and slew the Nemæan Lion of Medical Or-

thodoxy;—the gentle, generous, brave, great-hearted, whole-souled Man, whose qualities were more simply great than his attributes were sublimely splendid; all these have gone down in that last desperate struggle, in closed lists, where his only second was a woman, whose loving hand and tender strength were all unable to hold back from his heart the icy grasp of Death.

Constantine Hering is dead, and all the orphaned Children of Affliction weep, and all the generous and noble of earth have sympathy in their sorrow and are partakers of their grief.

In the effulgence of his larger and brighter fame, we are sometimes inclined to forget that Hering was pre-eminently the Physician. Let us tenderly and gratefully, in sympathy with the wide circle of his bereaved patients, remember this fact to-night. Nature and education combined to render him the great Healer. His temper was generous, ardent, tender, affectionate and high. The pathemetic was among the strongest forces of his grand nature; and it was always a wisely regulated and perfectly governed force. High over all that wealth of sympathy, delicate, and susceptible as ideal woman's, sat the intelligent and regal Will, rendering it subservient to the great end of his presence in the sick room. And what a presence there! His stately form—his curling locks and flowing beard—the pure white light of cultured intellect shining on his lofty forehead, and flashing in his earnest eye, but mellowed and softened by the roseate hue of deep and hearty kindness—his mere appearance was the Harbinger of Hope to the Couch of Despair. And then his manner! Quiet, not soft; gentle, not weak; firm, not hard; confident, not rash; serious, not solemn; the gravity of simple earnestness, combined with the assurance of abundant resources and an armed and disciplined Intelligence; it was the finished perfection of the bearing of the Typical Physician, and had, in itself, some healing power.

His Method of Diagnosis was the analysis of exclusion. He ascertained with the utmost care, and minuted with the greatest exactness every characteristic symptom. This group of hostile appearances he attacked with all the

energies of his powerful mind. One after another, he cast out and trampled under foot every false and specious probability, until he stood, at the last, face to face with his great enemy—the actual—the imminent and the dangerous Dynamic force, and against this, when found, his Arsenal of Provings rendered him almost invincible. He was never hasty or empirical in practice. He cared nothing for the man—whether rich or poor, or high or low—but everything for the patient. It was a hand-to-hand fight with Disease; in which, once engaged, he thought only of his Antagonist, and would neither surrender nor be beaten. Of course, his success was great, if not unexampled. By his own personal and individual prescriptions, he snatched from the hand of Disease and Death unnumbered and innumerable thousands; and indirectly, by the influence of his discoveries, suggestions and teachings, he was undoubtedly the most valuable factor of his age in the grand multiple of Health and Life. His patients venerated, trusted, loved, idolized, and almost worshiped him. No other man or men could supply his place to them. He was their favorite and all-powerful Apostle of the Gospel of Health; and when they could not secure his visits, they would fain, like them of old to Peter, have brought forth their sick into the streets, that at least his shadow, in passing, might fall upon and bless them. And the great Physician is dead!

Hering was the unrivaled champion and advocate of the eternal Law of *Similia Similibus Curantur*. Sincere, intelligent, high-cultured, profound, original, bold and eloquent, he lifted its banner from the dust of popular contempt, and challenged, for its insignia, the admiration and gratitude of the Nations. All his interests, all his prejudices, the bent of his education, the pride of championship, the heat of conflict, the hopes of his friends and admirers—all forbade him to embrace the new and despised Heresy. Yet embrace it he would and did, with all the fervor of his hero-heart, simply because upon investigation, not impartial but prejudiced, he found it true. The wave of conviction which rolled into his mind, from the vast Ocean of Truth, washed every stain of prejudice from

its shores, and left them shining with the calm light of certainty.

And his was no emotional conversion, born of a moment's frenzy and destined to perish with the passing furor. It was not because the New School saved that right-arm which the Old had doomed to excision, that he devoted its energies, with such consistent and efficient fidelity, to the redemption of a pledge wrung from him in an hour of unsupportable anguish. It was because, with all the exhaustive thoroughness of his grand and luminous intelligence, he had previously investigated, tested and proved, until his whole nature was rife with conviction that the healing touch of Homœopathy had power to kindle the long-prepared train and dedicate him, in an explosion of feeling, to the perpetual championship of its incomparable merits. Thenceforth, all his previous attainments became but the stepping-stones by which he ascended to the serene heights of Culture, and stood on their loftiest professional pinnacle, alone.

Hahnemann became his friend, intimate, and teacher; and from this Sage the hungry Neophyte drew all the accumulated treasures of his lore. Thence, girt with the commission of Royalty, under the stellar light of the Magellan Clouds, he sought the secrets of nature in her most affluent home, and, fast as they accumulated, turned these treasures to the light of public advocacy of the cause he had so earnestly espoused. Far-seeing, patient and profound, as broadly and highly cultured, he rested not on any yielding soil, but digged, and digged, until he reached the rock of ultimate truth; so that he may be said to have stood, with his head among the stars, catching the earliest and latest gleam of heaven's light, and with his feet planted upon the unmovable foundations which support the world. With this gigantic reach and grasp of truth, he could not but be original. With the constituents of sincerity, earnestness, and self-sacrifice, he could not but be bold. With the freshness and enthusiasm of the youth, joined to the knowledge and culture of the philosopher and the sage, he could not but be eloquent. All these he was. And this invincible Champion is dead!

Hering was *par excellence* the inspired Teacher. "*Poeta nascitur, non fit*," had never truer application than to him. He was born for the vocation. And this high and incomparable gift of original genius he supplemented by the most careful training. Always he taught *con amore*.—At home, on the street, in the sick-room, in his study, in the Clinique, from the chair of the lecturer, or the rostrum of the orator—wherever auditors could be found—he was their wise, patient, and delighted instructor. This was the purpose of all his learning. He gained but to impart. His whole capital of mental wealth was free to all comers. Of his illimitable gains he hoarded nothing. The fountain of his instruction was perennial, and had its source in the everlasting Springs of Genius, Labor and Love. And, though he sought not this end, the paradox of scripture was fulfilled to him; all his gifts were gains. By the operation of a changeless law, what he gave to others was doubled to his own bosom. This was the secret of his unfailing readiness and fullness. Knowledge, he deemed a universal heritage, to which every willing and capable mind had an indefeasible right; and wherever he found such minds it was more blessed for him to give, than for them to receive. Yet these gifts widely and lavishly as he flung them forth, were but the small change of his thought, and his mind was rich in massy ore, in ingots and gems. And with all this priceless wealth he dowered Humanity by his pen.

He was the father and maker of our Medical Literature; for what he did not produce, he inspired. His own thought products, completed, begun and designed are so many and so intrinsically great, that admiration loses its flippant eloquence, and sinks into wonder and awe before the processes of so vast a mind. No such writer on Popular Medicine has ever lived—No such writer on Scientific Medicine has ever lived.

His "Domestic Physician" still teaches the multitudes, in many languages and editions, the secret of Health at home; and his "Analytical Therapeutics" and "Guiding Symptoms" are of a quality which might satisfy the aspirations after fame of many first-class minds, and will re-

quire the labors of many such to complete them, with the material already gathered and prepared by their great Author. All these precious instructions to the world are couched in terms the most simple and direct, and distinguished by an entire absence of *style*. He wrote but to expound his thought, and his words are that thought's simplest, and strongest vehicle. Of him it may be said, with truth and emphasis, that, not only to our own school, but to the whole world of Medical Thought and Culture, "He was a Teacher sent from God." And this matchless Teacher is dead!

Hering was an unexampled Laborer. In boyhood, his sport was toil. In maturity, his recreation was creation. In age, his repose was application. He took no rest, and needed none. Work was his pleasure and his passion. Each day of his life was too brief for the busy ends he assigned it; each hour of every day though beginning with the third after midnight and ending only with the tenth after midday, too short for his toilsome purpose. To the very last day, and almost the last hour of his life, his un-resting exertions never ceased. And yet, his energies never flagged. He did not toil on doggedly and dully, the reluctant slave of a cruel purpose; but with such warm, earnest, and cheerful interest as made him dread the hour of necessary suspension of his task. The sustained fire of his energy was simply marvelous. There is nothing in the correlation and conservation of material forces which can at all account for it. It did not lie in the food he ate, or the sleep he took. Rather, it would seem to have been the result of such an uncommon affluence, in the original endowment of his vital forces, as the world has seldom if ever seen. Instead of losing, as is the case with other men, this rare mind seemed rather to accumulate fire and force by its own progress. And it was no unregulated and disorderly energy which thus found its necessary expression in ceaseless action. Every mental impulse had a method—every intellectual ebullition poured its forces into a prescribed channel—every molten thought settled into its previously prepared mould, and hardened into the shape which it was predestined to take and wear forever. It was labor with such

method as economized and utilized every particle of mental energy; as if the worker had been the poorest of the poor, instead of the wealthiest of earth, in intellectual endowments. And the method was no clumsy, fanciful or grotesque contrivance of idle reverie, perverted taste or passionate prejudice, but the highest and most finished product of original genius, guided by intelligent and cultivated skill. It was such a method as one may see a sample of in the "Analytical Therapeutics;" a method to fill the mind with wonder and joy, and to fall upon the world of medical thought and culture like the benediction of the Most High.

And all this measureless strength, indicated by such unrivalled labors, was dedicated to the grandest objects, and justified by the highest results. Its products, crystalized in print, admirable and wonderful as they are, are but a small part of these results. The walls of Hering's study, from floor to ceiling, are filled with manuscripts, in his own hand writing, all perfectly arranged and methodized, to carry on and complete the incomparable works which he began and designed. Thus the matchless Worker, standing in his study, built up around him that pearly palace of his thought, which shall never know decay.

Alas! our Ulysses has departed on his travels, and there is none left at Ithaca strong enough to bend his bow! Atlas has gone to the Hesperides, and there is none to bear up the skies. This incomparable Laborer is dead!

Above all Constantine Hering was a Man. All the constituents of manly character were his. Strength, courage, force and constancy distinguished him above other men. In ability to grasp, and firmness to hold, all that he recognized as truth, he had no peer. In adventurous daring, supported and justified by the tremendous momentum of his mind, he was simply sublime. His principles were pure, unselfish and high, and his loyalty to conviction unwavering. A better or truer man never lived. And this strong base of noblest manhood was overlaid with the fine gold of all gentle and attractive qualities. He was susceptible, appreciative, affectionate, constant, tender and forbearing. His heart was open as his hand, and the clasp of the one was warm with the pulse of the other.

His tastes were cultivated and refined to that degree, that his house was the home of Art and Culture, and the refuge of struggling Genius. His friends were Statesmen, Artists, Scientists, of world-wide reputation and renown; and of these, once gained, he never lost one. All who loved him, loved him to the end, either of their own lives or his.

He was gentle as a child, pure as a snowflake, and warm as a sunbeam. In a word, the grand old name of "Gentleman" was his by right of eminence, in the essential qualities which constitute that character. In the words of one of our sweetest modern poets:

"To him, were all men heroes, every race noble,
All women virgins, and each place a temple,
He *knew* nothing that was base."

And this peerless Gentlemen is dead!

Dead! Aye, even as the mollusk, the builder of the sea-shell dies, leaving his soul crystalized in forms of imperishable beauty, which still ring with the sound of Life's eternal sea. Hering is not dead. He doth not even "sleep." His waking spirit walks abroad, through all the realms of thought. For such as he there is no death. He lives, and must ever live, in Memory, in Blessing and in Hope. In the hearts of many, rich and poor, high and low, his deeds have built a shrine whereon Gratitude will lay her morning and her evening sacrifices, until the hearts which cherished him as a Physician have ceased to beat; and even in dying, they will bequeath his memory as a rich legacy to their children.

The Disciples and lovers of the cause he espoused and defended, will never cease to hear the all-eloquent Champion of Homœopathy.

The Student of Medicine, in the remotest future, will bless and revere the name of Hering, as the great Bringer of Order out of the chaos of the *Materia Medica*. The immediate and remote beneficiaries of his life-work will join hearts and hands in gratitude for his benefactions, and emulation of his industry. And, ennobled by his name and fame, ever and forever, "his children and his children's children, will rise up and call him BLESSED."

ODE.

TUNE—"Olive's Brow."

How sleep the brave who sink to rest
 By all their Country's wishes blessed!
 When Spring, with dewy fingers cold,
 Returns to deck their hallowed mold,
 She there shall dress a sweeter sod
 Than fancy's feet have ever trod.

By fairy hands their knell is rung;
 By forms unseen their dirge is sung,
 There Honor comes, a pilgrim gray,
 To bless the turf that wraps their clay,
 And Freedom shall awhile repair,
 To dwell a weeping hermit there!

[WILLIAM COLLINS.]

Benediction: - - - - *Rev. Jno. Snyder.*

DYSMENORRHŒA.

BY M. M. EATON, M. D., CINCINNATI, O.

Read before the Homœopathic Medical Society of Ohio.

Perhaps there is no disease for which the physician is called upon so frequently to prescribe, as painful menstruation; and perhaps there is no disease from which women suffer so much without consulting a physician, and perhaps there is none which is less satisfactorily treated among the ordinary curable ailments of women.

Dysmenorrhœa, or painful menstruation, though presenting the uniform symptoms of pain at the menstrual period, is not uniform in the conditions present, which give rise to this suffering. Hence it is that we must consider dysmenorrhœa, not as a disease *per se*; but as a symptom of other diseases; not even similar in themselves, nor producing a similar pathological condition in each instance, and

still having pain in menstruation as the prominent symptom.

If, therefore, we simply look to the one symptom of pain at the menstrual period, as the guiding indication, and ignore the conditions which cause it, we must strike wide of the mark in the selection of remedies, and fail utterly in many instances, if we rely entirely upon remedies in the cure of this complaint.

I do not pretend by these remarks, to belittle the beneficial effects of remedies properly selected upon the homœopathic principle. They are in many instances promptly curative. I desire, however, to say that they cannot be expected to cure in certain other cases, where the causes are mechanical, as I will presently explain, and endeavor to illustrate the absurdity of reliance upon remedies alone, in a certain class of cases.

Believing that if we, as homœopaths, claim for our remedies only just what they are entitled to, we may command more of the respect of our patrons, and the profession at large, than when we made extravagant and impossible claims which experience must prove in error, when they are put to the practical test.

Etiology.—The causes which produce dysmenorrhœa, as has been stated, are various, sometimes dependent upon congestion of the uterus, sometimes upon congestion of the ovaries; sometimes upon a neuralgic, rheumatic or hyperæsthetic condition of the nerves of the uterus; sometimes upon the formation of a false membrane within the uterine cavity, which is thrown off at each menstrual epoch, called denidation; sometimes on account of the relaxed condition of the blood-vessels, allowing of a very free flow into the uterine cavity, and the formation of clots, which require expulsive pains, or contractions to deliver, sometimes from stenosis of the cervix uteri; sometimes from the retroflexed condition of the uterus, causing stenosis of the cervical canal, at the internal os, and the consequent retention of the effused menstrual fluid, until contractile pains force it out of the uterus.

Cold may be named as a cause of dysmenorrhœa, so far as it may induce the congestion of the female generative

organs, developing endometritis, ovaritis, etc.; or resulting in the development of the false membrane sometimes formed, as a result of chronic endometritis, necessitating uterine contractions and consequent pain in its delivery, which is necessitated by the flow taking place beneath it, and hence making of both it and the effused blood, foreign substances, which the uterus must expel by contractions, and consequently resulting in pain.

Without going into detail of the symptoms of dysmenorrhœa, or wasting your time in remarks upon diagnosis, I will proceed to the consideration of the treatment, barely saying that before adopting remedies or remedial measures, each case should be carefully diagnosed as to its probable cause, and if it seems clearly to be neuralgic, rheumatic or congestive, we may proceed to administer remedies according to the homœopathic indications most prominent in each case.

I need not occupy your time in naming the indications for *Puls.*, *Aconite*, *Cimicif.*, *Bell.*, *Bry.*, *Ars.*, *Rhus.*, *Colch.*, *Cal.*, *Macrotin.*, *Secale cor.*, etc. They are familiar to you all, and will be found curative when the dysmenorrhœa is accompanied with symptoms homœopathically pathognomonic of these remedies, when there is not present a mechanical impediment to the egress of the flow.

After a reasonable trial of the indicated remedies, and finding that a failure has resulted in our attempts to cure with them, it becomes necessary, by physical examination, to determine the condition of the uterus. If stenosis of the cervix uteri is present, the indication is clear to proceed to dilate the cervical canal. In this attempt we do well to endeavor to simulate nature as much as possible, and make a gradual dilatation. Forcible rapid dilatation, or incising the cervix with the hysterotome, is not, as a rule, advisable in stenosis, although this has been the practice sanctioned by old school authority. The practice which I advise, and adopt, is to dilate the cervical canal with bougies, till a sponge tent can be introduced, and then using it to produce quite a free expansion of the cervical canal, taking care to obtain dilatation of the internal os.

Usually we have to commence the dilatation with very

small bougies, in order to introduce them at all. After introducing one, we would allow it to remain for five minutes or so, and then introduce a larger size, and so on, occupying ten or fifteen minutes at a treatment. So far the treatment may be carried on at the physician's office ; but when we use the sponge tent the patient should be at home and remain there so long as we are using the tents, and for three or four days thereafter. If we find, after using one

tent and allowing it to remain ten or twelve hours, that we have not obtained a dilatation equal to the size of the index finger, or if the internal os is not dilated, another tent may at once be introduced and be allowed to remain as long as the first. After full dilatation is accomplished, a large sized bougie (about No. 12) should be well smeared with *Vaseline*, and introduced daily into the cervical canal. This serves to maintain the dilatation, and assists in preventing cervicitis, endo-cervicitis, or endo-metritis, which may follow dilatation of the cervix uteri, even when gradual dilatation is used.

This after treatment with *Vaseline* and the large bougie is still more important, when, for any reason, we use rapid dilatation, or incise the tissues with hysterotome. Otherwise we may have a more complete stenosis than before we commenced treatment, even in some cases amounting to complete atresia of the cervical canal.

If we find, on making a physical examination, that the case is one of retroflexion of the uterus, we should proceed to replace the organ, using also those general principles of treatment which are applicable to nearly all malpositions of the uterus. This consists, first and primarily, taking off the weight of the intestines from pressing down upon the pelvic organs. This is to be accomplished by position, *i. e.*, confining our patient in the horizontal position, on her side, with the hips elevated, or by the use of a suitable elastic abdominal supporter.

We then reinstate the uterus by the aid of the sound, or Elliott's uterine repositor, or by means of the knee elbow position, and pressure through the rectum upon the fundus uteri. Either method may succeed, and we will not discuss

their comparative merits here, as we are mainly interested in the treatment which is calculated to cure the dysmenorrhœa.

After the retroflexion is cured we may have some contraction of the internal os remaining, which must be treated by dilatation, as in case where stenosis is the only abnormal physical condition we can find.

When we find endo-metritis or cervicitis remaining, or find that the case shows a membranous intra-uterine exudation as a complication, these conditions must be treated in accordance with the homœopathic indications for remedies combined with gentle local treatment, if remedies fail. In the case of the membranous formation, *Phos.* is indicated in the 100th potency, and it will cure in many instances.

When endo-metritis or endo-cervitis is present *Sepia*, *Secale*, *Aconite*, *Gelsem.*, *Ars.*, *Merc. iodide*, *Verat. vir* are among the indicated remedies. Locally, *Vaseline* may be applied to the internal surface of the cervical canal, and interior of the uterus, by means of Palmer's applicator.

When these applications, made every three days, for a month, are not efficient, we would apply the solution of *Iodine*, made with ten grains of *Iodine*, thirty grains of *Kali iodid.*, to the ounce of water, applying it every three days, and weakening it with water one-half, in case this strength caused any considerable smarting, the intention being simply to stimulate healthy healing action, contract the capillaries and dispel the chronic congestion which constitutes these diseases.

This is, in brief, the course I pursue in the treatment of chronic dysmenorrhœa. In acute cases dependent upon cold ordinarily, *Aconite*, *Bry.*, *Puls.*, *Cimicif.*, *Bell.*, *Ars. alb.*, etc., are the remedies found promptly curative when given according to their homœopathic indications.

THE WINTER SESSION.—The winter course of the St. Louis College of Homœopathic Physicians and Surgeons has now been in progress four weeks, and such a promising class was never known before in St. Louis. Every professor is promptly at his post as the bell rings, and the students are earnest and enthusiastic.

*CLINICAL REMARKS ON THE SUBJECT
OF AFFECTIONS OF THE HEART.*

BY DR. MARTINY.

Translated from the "*Revue Homœopathique Belge*," by R. D. Valentine, M. D., Canton, Ill.

As a general rule cardiac diseases come to the attention of the physician only when the lesions are already very serious, and when they have brought considerable troubles. There exists already considerable hypertrophy, thickenings, valvular nodosities, different adhesions, a morbid dilatation, or finally the muscle even of the heart is profoundly altered.

Are such patients necessarily incurable? Does medicine really possess for them only palliations?

Is it the part of the physician in such circumstances only to look after the general condition of the unhappy patient, to moderate the cardiac action when it is too rapid, and to excite it when it is too feeble?

Such is the advice of a great number of physicians, even amongst the homœopathists. They think that when the question is in relation to old valvular lesions, dilatations or adhesions the physician is powerless; for a long time we were of the same opinion. At the present day, in presence of results that we have obtained, our manner of seeing is modified, and our conviction is based upon the facts that we have observed. Certain organic affections of the heart, even amongst those which are considered the most serious, may, under the influence of an appropriate treatment and regimen, terminate in a complete cure. Certainly, it is not in our power to recreate organs; one has never seen, for example, a cicatrix of the cutaneous envelope disappear little by little, to be replaced by a new skin and a new epidermis, a tuberculous cavern filled with new pulmonary tissue. But pathological anatomy furnishes us with numerous facts of retrogression in certain degenerations, indurations and proliferations. Do we not frequently see adhesions of a rheumatic or gouty nature, the products of herpes and sycosis, reabsorbed? An articulation whose cap-

sule and the circumjacent tissues are indurated and tumefied by rheumatism or gout, recover nearly always at the end of a certain time, its suppleness and movements; cutaneous excrescences having profoundly modified the epidermis and the skin, disappear and exfoliate without leaving any trace. What enormous ravages do not infectious diseases produce in the organs, typhoid fever, for example, in which one meets not only a ramollissement more or less pronounced, but even a fatty degeneration with granular infiltration of the muscles⁽¹⁾, even the muscles of the heart itself; the contents of the muscular fiber is profoundly modified, and yet all these alterations are more or less reparable. Clinical experience proves it every day. Pathological anatomy teaches us that in typhoid fever "the epithelium and even the villousities are reproduced upon the cicatricial tissue of the intestine."⁽²⁾ Similar facts swarm in the annals of pathological anatomy and histology. As a general rule this work of repair, reconstruction or elimination takes place under the influence of what is called the reparative force of nature. This happens almost always after acute affections; but art ought sometimes to intervene, and even occasionally allopathic therapeutics, notwithstanding its enormous doses and gross medicinal preparations⁽³⁾ helps to determine resorptions, to disperse infiltrations, etc., etc. There exists a class of medicines which formerly were called resolvents and alteratives precisely because of the property which they possess of resolving engorgements and adhesions. The mineral waters which are remedies in which the medicinal substance is more divided and the molecules more dissociated and which consequently resembles almost completely our homoeopathic dilutions, produce often remarkable resolvent effects. There is no doubt that a certain number of cardiac dis-

(1) See Jaccoud, *Traite de pathologie interne*. Tome, II, p. 756.

(2) See Jaccoud, *loc cit.*

(3) In fact in the majority of allopathic remedies, medicinal substances are introduced into the economy in a gross form; the molecules are in a state of considerable agglomeration, they are not dissociated and have not been submitted to a process of separation as in the manipulations of homoeopathic pharmacy.

eases have been cured by mineral waters and even by remedies relatively strong; unhappily, remedies in massive doses are badly supported by the digestive canal, they disturb nutrition and cannot be continued long enough to produce the desired effect.

The organism rejects them, and the physician is obliged to discontinue the use of them; indeed they have often caused medicinal gastritis which aggravates the condition of the patient. Our remedies may, on the contrary, be employed a long time without occasioning any gastric disorders, because, finely divided and diluted as they are, they penetrate directly into the circulating current without exacting digestion labor, properly so-called, and without ever irritating the gastric mucous membrane.

Whoever has made use of remedies prepared according to the homoeopathic method, has frequently been able to observe how powerful they are to produce retrogressions and resorptions, precisely because being more finely divided, they can penetrate more deeply into the woof of the tissues and there exercise their intimate action. I still remember with what a smile of incredulity I used to listen formerly to the homoeopathic physicians tell how they had cured old tumors, exostoses, etc., etc.; to-day, I do not fear to undertake the treatment of such lesions. even when the surgeons refuse to employ the scalpel, and often enough my efforts have been crowned with success.

I have in my notes several cures of tumors which had resisted the most violent processes of allopathy and surgery; cauteries, setons, moxas, etc., and which have disappeared under the influence of remedies in the infinitesimal dose. Thus I explain to myself better and better the enthusiasm of the old homoeopathic physicians for our method, because this is a fact to note, by the way, and which can be explained only by the results obtained. The old practitioners of the old school are all skeptics, while the old homoeopaths profess the greatest admiration for their art.

Why, then, will not a certain number of serious lesions of the heart, existing in subjects whose vitality is still powerful, be as susceptible of a radical cure?

The physicians of the old school know perfectly that such a cure may be produced in young subjects by the efforts of nature alone. Michel Peter, in his clinical lessons, relates the history of a young man attacked with an affection, previously diagnosticated as mitral by the most eminent practitioners of Paris; this patient, examined carefully some years later, presented no signs of his former lesion.

Several years ago, M. le Dr. Dufresse de Chassaing wrote an article with facts in support of it, to prove that the sulphate of potassa, prescribed in doses of five or ten centigrammes a day, a homoeopathic dose, could cure certain organic affections of the heart, even aneurism itself. He had made this discovery while observing the beneficial action which certain mineral waters, the waters of Chandesaignes and those of Bagnols, produce upon certain cardiac affections.

"Although," says the author, "these thermal waters may be strictly applied in all cases, in general however, the affection should not be too old, the induration of the valves should not have arrived at the cartilaginous condition, nor should the contractions be too numerous, too old and covered with vegetations."⁽¹⁾

The observations of this author have been involved in doubt. For our part, we are disposed to have faith in them, especially when they have been obtained by mineral waters, which are remedies having the greatest analogy with our homoeopathic preparations; but we believe that these waters cannot be employed in a general way, since heart affections are produced by different diatheses, gout, rheumatism, herpes, syphilis, etc.⁽²⁾

(1) Vide Dujardin Beaumetz, *Leçons de clinique thérapeutique*, premier fascicule, p. 25. The "Scalpel" has also published an article about two years ago, on the subject of the action of sulphate of potassa in aneurisms of the heart.

(2) There should be very great prudence in the use of mineral waters in cardiac affections. A very small number are able to bear a thermal cure; the mineral waters are almost always administered in too strong doses. Good practitioners, at the thermal stations understand, little by little, that their waters ought to be given in small doses, in order to avoid the useless and almost always dangerous perturbations which they sometimes occasion.

NOTES ON THE LONDON HOSPITALS.

ST. THOMAS' HOSPITAL.

To the Editor St. Louis Clinical Review:

I shall endeavor, in this "note," to give your readers some idea of the finest and most complete Hospital building in London, though not by any means having as yet the greatest reputation for its college.

Before describing the present complete building I will give a short history of its early days and foundation.

The old St. Thomas' Hospital was founded by Edward the Sixth as far back as 1552. Its location was on the south side of the Thames, and near the present site of the Guy's Hospital.

For many years it was very poor, the government not lending sufficient aid for its maintenance. At one time the funds were so low that the superintendent pawned the charter for the sum of two hundred and fifty dollars, so that he might supply the immediate necessities of the patients.

Subsequently government aid was granted, which enabled the Governor of the Hospital to improve its general condition, to repair the roofs, etc., then falling to pieces, and virtually to set the institution "on its legs" again.

This government grant was shortly afterwards supplemented by a very liberal public subscription, which really seems to have been the means of lifting the hospital out of all its difficulties and setting it on the high road to prosperity.

The original site was retained until the year 1865—over three hundred years—when The London, Brighton and Southcoast Railroad Company needed the ground for building depots, etc.

The Governors of the Hospital, having decided to sell, were awarded something over a million and a half dollars for the ground, building, etc. One acre brought \$350,000, and one other acre \$275,000.

With this large sum at their disposal the hospital authorities were for some at a loss to find the most eligible site for erecting the new building.

Finally eight and a half acres were purchased on the south side of the Thames, directly opposite to the Houses of Parliament, and on what is known as the Albert Embankment. The whole of this land had been reclaimed from the river by the construction of the embankment. The price paid for the eight and a half acres by the hospital was \$500,000, still leaving them something over a million dollars towards the new building, independent of the funds previous to selling the old site.

The result of this is the present building, constructed as follows: 7 fine 5-story buildings, each constructed of red pressed brick and similar in style. Each building is 250 by 150 feet, with a space of nearly one hundred feet between each building. The block on the eastern end is devoted entirely to offices, board rooms, etc. In the entrance hall is a large oil painting of Edward the Sixth, "Founder of this Hospital."

The remaining six blocks are the hospital proper, and are connected by covered corridors on the first, second and third floors. The total length of these corridors is one-fourth of a mile and two yards.

The different wards are located in the several buildings, and are all uniform in size—to hold 28 patients. There is a children's ward; also one for accidents to children, accident ward for adults—men and women; female wards—two surgical wards; contagious disease ward, and syphilitic ward. There is a female operating theatre; also male operating theatre—both similar in size and appointments.

Each block is provided with a large elevator, so that patients may be taken on their beds from place to place, and thence along the corridors from building to building.

The kitchen is located in the basement of the centre building, and at present has facilities for cooking for 800 persons.

The chapel is a very nice building, and will seat 700 persons; is provided with a very nice organ and choir. There are two resident chaplains in the building who officiate in the chapel twice every Sunday and once during the week.

Total number of beds in the hospital is 1,000, though 1,200 can be put in. Only 400 patients are now admitted, however, until further funds are accumulated.

The medical school is an entirely separate building, and is situated 300 feet to the west of the western hospital block. The school is provided with clinical laboratory, materia medica museum, anatomical museum, library, very complete dissecting rooms, and in connection therewith a photographer's room, where photographs of any subjects, dissections, etc., may be taken. A large sub-way leads from the dissecting room to the whole of the hospital building, so that subjects, and in fact all who die in the hospital, whether removed by their friends or not, are taken down by means of the elevators already spoken of, and thence along the sub-way to the rooms connected with the dissecting room, where records are kept of all who pass out that way, and how disposed of.

Adjoining the dissecting room is a large tank where subjects are kept till required for use. It now contains 15 awaiting the opening of the fall term, October 1st, and the arrival of students to dispose of them.

This school bids fair to be one of the best in London in years to come, everything being very complete in its arrangements; but at present the students are examined and diplomas granted by the College of Physicians and Surgeons, on the recommendation of this school.

As Homoeopaths, I think we have something to be proud of, since our practice and teaching has done so much to modify the old school practice.

It was told, and the records showed it, that it is now quite common to prescribe *one drop* doses of *aconite* and *pulsatilla* in the wards of St. Thomas'. How things have changed since the day of the founder, 1552!

In all the hospitals yet visited I find the spirit of toleration dominant.

Let us hold fast to our own law of Similia and not "go over," as is now so strongly advocated by many of the London Homoeopaths—Dr. Dudgeon and his confreres—for there will surely come in the near future a greater and a much more liberal acknowledgment of the great good that Homoeopathy has brought to the whole world than has yet been accorded us. My best wishes to the St. Louis Society.

Yours fraternally,

W. JOHN HARRIS.

LONDON FOGS AND THE DEATH RATE.

The kind of work done by the Meteorological society of Scotland, according to their last report, aptly illustrates the variety of ways in which meteorology is entering into relations with the everyday business of life. The intense cold of last winter flooded them with requests for information as to the average damage done to gas-pipes, drains, etc., by extreme cold, and its effect on the herring fishery was also an object of high interest to many others of the society's correspondents.

One of the most curious papers presented to the society last year was that of Dr. Arthur Mitchell upon London fogs in relation to health. These fogs, he showed, enormously increased the death rate all round, and the increase was contemporaneous with a low death rate in other towns where no fogs prevailed. Asthma was the disease most fatally influenced by the great fogs of November, 1879, and the February of the present year. Death from bronchitis and other lung diseases seemed to be influenced by the fogs, but was not in the markedly close and direct way characteristic of asthma. But with regard to whooping-cough, the pernicious effect of the fogs was noticeable in an alarming increase in the mortality from this disease, an increase which did not abate, as in the case of asthma, with the temporary clearing of the fogs. The deaths from rheumatism and croup showed no relation to the prevalence of fogs, and, generally speaking, the persons who suffered most were those compelled to earn a livelihood from outdoor employment.—*From the Examiner.*

AFTER the execution of Menesclou in Paris the other day for the murder of the little girl, Louise Due, his remains were conveyed to the anatomical theatre, and subjected to a singular experiment. Dr. Sappey injected under the cutaneous tissue of the head some fresh-drawn blood from the carotid of a living dog. The result was startling, for the color returned to the cheeks, there was a perceptible nervous tremor, while the lips slightly moved. The same treatment applied to the body produced no effect.

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Surgical Bureau.

In Charge of S. B. PARSONS, M. D., Surgeon.

EDITORIAL.

The editor of this department would be thankful for any report of surgical cases, treated either by Homœopathic medicines only, or combined with mechanical means or appliances. We ask that the papers may be as condensed as possible consistent with a full expression of the ideas and thoughts of the writer. There is a great deal of valuable surgical clinical experience in the Homœopathic profession that never appears in print; and it is hoped that through our columns some of it, at least, may reach the general practitioners throughout the world. Our columns are open to all fair criticisms of any surgical essay or subject that may be published herein or elsewhere, but nothing of a personal nature will be permitted.

All descriptions of new instruments, or methods of treatment, will be gladly received.

STRANGULATED HERNIA.

BY S. B. PARSONS, M. D.

What are the signs of strangulated hernia? They may be divided into those that pertain to the local conditions,

including all the characters of the hernia itself, and the more remote or general symptoms, especially the inactive bowels, the state of the abdomen, the vomiting, the pulse and respiration, and the general condition.

The local symptoms, irreducibility of the tumor, its unusual size, its tension or hardness, are by no means decisive that strangulation exists. They are really fallacious indications, and their presence, even in a marked degree, is not sufficient proof to warrant a diagnosis of strangulation, nor prove the need of operating when the remoter signs are not present; for they may all be found when a hernia, or its sac, is actually inflamed, though not strangulated. In this state a hernia may become quickly larger than ever, firm and tense, without impulse, hot, red, very painful and tender, and not reducible until the acute symptoms have subsided. So, then, we may find all the local signs usually present in a strangulated hernia imitated in an inflamed hernia which is not strangulated. And so, also, do we sometimes find the remoter signs, the constipation, vomiting, quick pulse and respiration, etc., accompany a hernia when inflamed, but not strangulated. How, then, can we discriminate? In the inflamed hernia, without strangulation, the local signs precede and greatly predominate over the remoter and general symptoms; while in a hernia which is inflamed after becoming strangulated, the remoter and general signs will still predominate over the local, and the history will tell that they preceded. There is no constant relationship in degree of severity between the local and general characters, for severe strangulation is often associated with but slight local symptoms. But the local signs should always be carefully weighed, as they give more or less evidence for operating or adopting other methods of reduction. They are generally less severe in the old than in the young; in old hernia than in new; in omental hernia than in intestinal.

It is very important, therefore, to recognize the true condition, as a safe course of treatment can only follow a clear comprehension of the case.

It is affirmed that, in order to diagnose strangulated hernia we must have bloating of the abdomen, fœcal vomiting

and absence of flatulency. In what is termed false strangulation, fecal vomiting not infrequently is an attending symptom, but it appears only at a very late period in the course of the complaint, and at such times it is very difficult to distinguish the case from a strangulated enterocele. There is a class of hernias, such as those quickly coming down and much larger than before, those quickly becoming painful, those that are hard and tense, and those that are exceedingly tender, that, as a rule, are less likely to be reduced without operation than those coming down slowly, or when pain follows more slowly, or when the tumor remains soft and flacid, and not very sensitive. Complications of a local nature, such as inflammation of the coverings of the sac, suppuration, emphysema, etc., added to the remoter signs, imperatively demand an operation, without any previous attempt at reduction. If the remote signs of strangulation be well marked, and the hernia cannot be otherwise reduced, it is justifiable to operate, though there may be no marked local sign at all. Or even beyond this, if the general signs of strangulation be present, and there be a swelling anywhere which may be a hernia, though the local symptoms do not point to a strangulated hernia, the operation should be performed at the seat of that swelling. For in not a few cases the attention of the patient is spent on the misery of his vomiting and epigastric pain, and other remote symptoms, and says nothing of the hernia itself. In fact, the mistake is not infrequently made of treating the patient for spasms, colic, dyspepsia, or some other imitated disease, while the hernia was obscurely becoming hopelessly strangulated.

The question of reduction, or attempts at reduction that may be made, or may not be made, before operating, naturally suggests a division of cases into those in which the symptoms warrant the procedure, and those in which it is not justifiable. In bad cases, as, for instance, when the patient has fecal vomiting and peritonitis, or is in collapse, with small rapid pulse, hiccough, or other extreme signs, there should be no attempt at reduction without operation. When the coverings of the hernia are so inflamed as to make it probable that sloughing or suppuration has taken place be-

neath them, reduction should not be attempted without operation. The longer the signs of strangulation have existed, the shorter should be the efforts at reduction; and the more acute the signs are, or have been, the more gentle should these efforts be. A hernia habitually irreducible becoming strangulated, with or without additional contents of the sac, calls for immediate operation, as it is not probable that a protrusion, which even before strangulation was irreducible, can be reduced by any other method of treatment.

Let us now suppose that an examination of a strangulated hernia leads to the decision that its reduction without operation is to be attempted, what means are advised to accomplish this end?

First, is the hot bath, followed immediately by quiet rest in bed for an hour, after which taxis may be used carefully and gently, and never prolonged. Or chloroform or ether may be first given before taxis is resorted to; but while the patient is unconscious the manipulation of the tumor should be more tender and cautious, for there is nothing but our own common sense to tell us how far we may go, else irreparable mischief may be done by too forcible pressure on the delicate structures of which it is composed. They are useful in hernia where the difficulty of reduction is chiefly due to muscular resistance; as in the recent or recently much enlarged; in the inguinal more than the femoral; in the painful more than the painless. Or ice bags or hot fermentations of poppy leaves, or any other substance, may be placed over the swelling and renewed frequently for a few hours, and then taxis again tried. Elevating the foot of the bed to the height of a foot or more, and keeping it in that position, with or without local applications, sometimes result in an easy reduction of the parts on manipulation. Neither frequent taxis nor methodless handling of the parts should be permitted, as both have the grave fault of aggravating the condition of the hernia, if they do not overcome it. Suspending the patient by the legs over the shoulders of a bystander has been tried with alleged success, by which position, it is hoped, the whole intestinal canal gravitating toward the upper parts of the abdominal

cavity, will drag with it the parts embraced in the hernial protrusion. That it is a dangerous proceeding for general practice no one need be told, the more especially so if adopted in those cases where there be adhesions within the sac, as there is danger of a reduction *en masse*, if reduction takes place at all. Evacuation of the liquid contents of the tumor by aspiration before taxis, or after the first unsuccessful attempt at taxis, is another mode occasionally useful, but it can only be of service where there are liquids in the hernia or its sac, and under no other circumstance. I can speak of its valuable aid in two cases that came under my care, one being a tightly-bound obturator hernia of 46 hours' existence, and which was reduced only after the withdrawal of about one-half drachm of liquid through a No. 2 aspirating needle.

The object of the operation for hernia is to divide the structures which tightly gird the protruding parts so that these can be returned. These structures, forming what is called the stricture, are in some cases outside the hernial sac, in others in its very substance, and according to these differences may the operation be completed with or without opening the sac. It is by far safer to reduce the hernia without opening the sac, as then the peritoneum is not wounded, the intestine and omentum are not touched or exposed to air, and the wound may be small and favorable for speedy healing. But there are many cases in which the constricting bands cannot be reached without dividing the hernial sac; and, again, the contents of the sac are not in a fit state to be returned into the abdomen, as when they are sloughing or deeply ulcerated. In all cases decide first, if possible, whereabouts the stricture is, so that the first incision should be directly over it, and thus give room to act on it. In femoral hernia the stricture is at, or within a half-inch of the femoral ring; in umbilical hernia the mouth of the sac is always the seat of the stricture, and the middle of the first incision may be right over it; in inguinal hernia the stricture is, in the large majority of cases, at or within the internal ring, and the incision should extend from the internal ring to beyond the external ring. In femoral hernia the incision should be vertical, in a line

drawn straight down from the spine of the pubes, and seldom needs to be more than an inch and a half in length. In umbilical hernia a vertical incision in the median line, one and a half or two inches in length, will be required, so as to reach either the upper or lower border of the mouth of the sac. In inguinal hernia the incision should take the direction of the neck and upper part of the hernia, and its length must vary according to the size of the parts to be returned. If it is proposed to open the sac, the incision should be commenced near its mouth, and then carried along the length and full extent of the external incision. When the seat of the stricture is ascertained, it may be divided on the finger-nail or grooved director, care being taken not to injure intestine or other structure in preparing the way for the passage of the knife beneath the constricting band. The division of the stricture in femoral hernia should be upward in the direction of the umbilicus; in indirect inguinal it should be upward and slightly outward; in direct inguinal, upward and slightly inward. These directions hold good in the vast majority of cases, but we meet with others occasionally where the obturator artery lies in an unusual relationship to a femoral hernia, and thereby requires a different mode of procedure than when the parts are in their natural positions. So may the epigastric artery, which normally runs along the inner border of the internal abdominal ring, deviate so as to cross it at the upper border, or lie at its outer side, in which event the direction of the incision in dividing the stricture must vary correspondingly in order that the vessel may not be wounded. But if the facts are kept in view, that a femoral hernia has the femoral vessels on its outer side, and occasionally the obturator artery on the inner side; that indirect and direct inguinal hernias are closely related to the epigastric artery, it lying on the inner side of the former, and on the outer side of the latter, wounding of any of these structures need scarcely ever occur.

When the operation is completed the external wound should be closed by sutures, and a dressing of calendula or carbolic ac. lotion applied, particular caution being observed in applying the bandage to have it sufficiently tight

to prevent the reappearance of the tumor during after attacks of vomiting, or coughing, or any violent expiratory act. The bowels should be kept in a constipated state for some days, a nutritious but mild diet, with wine or other stimulants in a moderate degree, should be ordered, and perfect quiet enjoined. Special and frequent examination of the bladder ought to be made to see that no undue accumulation in that viscus takes place, as is very apt to be the case after severe or prolonged strangulation of a hernial protrusion.

A case in illustration:

STRANGULATED FEMORAL HERNIA.—OPERATION.—CURED.

I was called in the evening of the 9th of last October to see a case in consultation with Dr. Valentine, who had been summoned to the patient an hour or two only previous to my arrival. We found an aged lady, 66 years old, in a state of extreme exhaustion, cold and clammy skin, cold tongue and breath, sunken contracted face, pulseless at the wrist, bluish and insensible hands and feet, constant nausea with occasional vomiting of foul smelling liquid substances, and frequently stercoraceous matter would be thrown up. The breathing was very feeble, and the voice not reaching above a low whisper. There was an intense burning pain in the whole abdominal region; worse in the hypogastrium and about the navel and right iliac regions. The urine was totally suppressed. The abdomen was distended and tender to pressure. The bowels had not been moved for three days, and no flatus had passed.

In the right upper femoral region there was a small tumor about the size of a walnut, soft, doughy; not tender except to deep pressure, and which projected from the saphenous opening. Upon investigating the history, it was ascertained that the patient had for years been suffering from a femoral hernia, which at times required the aid of her physician, Dr. D. D. Miles, of Boonville, Mo., to reduce, as it would become constricted and painful. Probably, as a concomitant symptom, her bowels were for a long time very much constipated, weeks even elapsing between the acts of

defecation. Three days previously the patient was attacked with what was supposed to be "cramps in the stomach," which gradually grew worse notwithstanding the usual household remedies were assiduously applied; and a physician was called, who, recognizing the severity of the case, attempted to reduce the hernia by taxis, but without the least relief following his efforts. The condition of the patient was so extreme, in fact, almost in articulo-mortis, that immediate relief was imperatively demanded or the patient must soon succumb to the inevitable.

It was very questionable whether any operative measure would save her life, but it was the only source of hope left. Accordingly it was decided to operate at once, which we did under chloroform and ether, 1 of the former to 3 of the latter mixed, Dr. Valentine having the anæsthetic in charge. Holding the tumor steady between my thumb and forefinger, I cut slowly down through the cutaneous and subcutaneous tissues and fascia down to the sac, and exposed the tumor thoroughly.

The constricting ring appeared to be a band of fibers running from the transversalis fascia to the posterior border of pouparts ligament.

The ring was incised upward and inward, and the mass returned with a gurgling sound into the abdominal cavity. Two deep stitches were passed, a cold water compress held by a firm figure of 8 bandage applied, and restoratives and stimulants resorted to to arouse the patient to consciousness, as life was by this time almost extinct. Rubbing and hot flannels about the extremities soon brought on a reaction which reached its height only after a period of 48 hours. A few doses of morphine were given to produce quietness and rest from pain and lock the bowels. As no urine had been passed for 36 hours, the catheter was introduced and the bladder found empty. Thirty-six hours afterwards the kidneys began to act.

On the third day the bowels moved voluntarily, discharging a dark, foul mass, containing food, undigested, that had been eaten ten days previously, and accompanied by no ill effect except some irrostration. There was no pus nor mucous shreds or clots in the stool. The abdomen was

tympanitic and tender, more on the right side and in the region of the wound, which after the evacuation became less distended and painful. A retention of urine accompanied by violent spasms of the bladder, followed by cystitis, set in on the fourth day, necessitating a frequent use of the catheter, which always brought on the most agonizing distress.

Hot and cold applications locally, cantharis ³ internally, subdued the cystic trouble but did not entirely cure it, as it hung on for two weeks or more in spite of all that was done.

On the 8th day the bowels moved again, and the third time on the 11th day, without any bad symptom attending the act. The nausea and pain in the abdomen continued for four or five days, and gradually disappeared. The pulse slowly fell from 110 to 72; where it remained for two weeks or more, whilst the temperature for ten days after the operation never reached the normal point, and once was as low as 97½.

Three weeks after the operation, there suddenly appeared without any warning or apparent cause, a plebeitis of the left leg, attended by increased temperature of the limb, tenderness along the course of the veins, swelling, oedema, and exaggeration of the pulse, etc., which was subdued in a few days by ars. ³ internally, and hamamelis locally.

Beef tea and stimulants were given as regularly as the medicine, and warm flannels kept constantly wrapped around the feet and legs. The stitches were removed on the 4th day; the wound found to be healing as rapidly as her low condition would permit, it being now dressed with a calendula lotion. From time to time the diet was varied and increased; milk, soft boiled eggs, oysters, rare broiled steak, etc., being added to the list of eatables, as her strength improved. To the close attention given the case by Dr. Valentine, who watched her with almost a jealous care, is our success in a great measure due.

**ON THE PREVENTION OF HARE-LIP,
CLEFT PALATE, AND OTHER CONGENI-
TAL DEFECTS:**

AS ALSO OF HEREDITARY DISEASE AND CONSTITUTIONAL TAIN
BY THE MEDICINAL AND NUTRITIONAL TREATMENT OF THE
MOTHER DURING PREGNANCY.

In the Oct. No. of "The Monthly Homœopathic Review," Dr. J. C. Burnett, of London, has an article on the above subject, which contains so much good practical sense and sound reasoning, that we take the liberty to publish extracts from it, and commend then to the careful consideration of every reader of our journal:

* * * * *

Who has not noticed the scraggy, stunted appearance of the calves born of the kine that are turned out to common or forest after they cease to give milk; the future mother-cows lead a hard life, and get but poor sustenance, and their offspring are proportionately undersized and ill-conditioned, and have an ancient, wizened appearance generally.

Similarly, in the human subject, the child of the well-fed well-worked, cheerful, happy woman, living in a sun-lit, airy habitation, is at birth the finest specimen of its kind.

On the other hand, what a miserable sight do the newborn babes of our courts and alleys, and of the pampered, tight-laced, high-heeled, lazy, lounging, carriage-possessing women of the higher classes present! The extremes meet; the poor blanched creature, half-starved, over-worked, shut up in some close sunless dwelling, brings forth fruit very like that of her pale-faced, over-fed, under-worked, sofa-loving sister of the mansion and of the palace.

And nature is inexorable; look at our bills of infantile mortality if you do not believe it. It is well so; God ordained in his undeviating laws that the fittest should survive, and they do.

Clearly, then, *we may take it for granted that the development of the fruit within the womb can be modified for good and for ill.*

We need not mince the matter; the future human being is made up of four principal factors. First the maternal ovum; secondly, the spermatozoon of the father, which requires, thirdly, a suitable soil for its development and growth. The womb is this suitable soil. These three factors being given, the blood of the mother supplies the fourth.

* * * * *

Nature works wisely in making us all, more or less, worshippers of physical beauty and strength; and when the period of motherhood comes nigh, perhaps no greater fear is known than that of ill-formed offspring. It may not be often expressed, but if you could look deep into the sacred secrets of the expectant's heart, you would know that many are the prayers that fly upwards for the great and blessed gift of a *perfect* child.

Is it all right?—Is it *perfect*?—is very commonly the first question one hears after the newling's *entree au monde*.

* * * * *

To-day I propose directing attention to a subject that has met with but comparative little notice—certainly with much less than it deserves. I mean the medicinal treatment of the human fruit, while still within the womb, for the cure of hereditary taints and for the prevention of deformity.

My attention was more particularly directed to the subject some six years since in the following manner:—

At the end of the year 1874 I was consulted by a gentleman about his children, the youngest of whom had double hare-lip. He had some confidence in homœopathic treatment, and was desirous of knowing whether there were any means of getting the wound to heal well after the operation for hare-lip that an able surgeon was on the point of undertaking. I recommended him the local application of *calendula officinalis* as an excellent and well-established vulnerary, especially to clean wounds. The operation took place, the gentleman used the *calendula* as directed, and the surgeon, a man of some experience, declared he had never before seen such a rapid healing process or such a

nicely healed surface in any of the cases of hare-lip on which he had operated.

The reputation of *calendula* (the common marigold) as a vulnerary is very old, but it survives almost exclusively in the homœopathic school, in which it is, as you all know, in daily use.

The next older child than the one operated on had, and has, a slight insufficiency of the upper lip; if it were a little worse it would be hare-lip.

Subsequently this gentleman consulted me in regard to his own health, and after the consultation the conversation fell upon his children, upon the excellent result of the operation, and the rapid healing of the wounded parts. Then regret was expressed, especially as the child was a girl, as of course the neatest scar can never constitute a perfect or pretty lip. At the best it is only passable, and not particularly unsightly.

Finally he said, "In case my wife should have another child, what would you expect the next to be like?"

I answered, "That cannot be determined; but taking all the circumstances into consideration, viz., that your first child is perfect, that your second child has only a slight defect in the upper lip, that your third child has double hare-lip, and that your wife was in apparently good health with these, all equally, I should expect the next to have hare-lip also, a little worse than the last, and perhaps even cleft palate."

He further inquired whether anything could be done to prevent it? My answer was, that I knew of no special experience on the subject at all, but as the body fruit could certainly be affected medicinally, I should think hopefully of properly directed medicinal treatment of the mother during pregnancy. I promised to do my best, and he said he would let me know if any further pregnancy should occur, and place the mother under my treatment.

The subject took hold of my mind, and I often animadverted upon it. Many remedies suggested themselves, and many plans of treatment; the one that found most favor with me was to be based upon specificity of seat or local drug affinity. I reasoned that any drug that would speci-

fically affect the upper lip and palate might act as a stimulus to the part if coursing in the mother's blood, and thus bring about complete union of the bilateral parts. But an insuperable difficulty here suggested itself, viz., I knew of no such drug with anything like a strongly-expressed affinity for the part. Such remedies as *kali bichromicum*, *aurum*, *iodine*, *mercury*, *natrum muriaticum*, *mezereum*, *phosphorus*, were thought of, but I did not feel the local affinity idea was workable here.

I then thought of tissue affinity or specificity of histological seat, as worked out in its fullest extent of late years by Dr. Schussler, of Oldenburg, in regard to disease. I thought that a formative element of the tissue might be wanting, and thus condition imperfect development. If we grow wheat, we must supply its elements, as manure, to the soil, and if we grow tissue we must supply its elements in the mother's blood which is the food of the foetus; if the wheat just fail to finish the ear, we conclude formative elements are wanting; if the absolute concrescence of the bilateral parts of the human foetus just fails of completion we may fairly assume that formative elements are lacking. So I thought. And in order to try to find out *what* was likely to be lacking, I went over embryology a little, and I will ask you to go over exactly the same ground as myself presently, by giving a short *resume* of the development of the involved parts first, and then show how, and what remedy I diagnosed.

The surgeon who had operated on the little girl, and also the family accoucheur who assisted at the operation, were also consulted upon the hoped for possibility of preventive treatment in the then future; but these gentlemen laughed at the idea, and said the only thing for it was operation, prevention being out of the question.

But we may reflect upon the fact that it is not at all an uncommon thing in our hospitals, and occasionally in general practice, to treat a pregnant person suffering from syphilis very actively with *mercury*, and the results are on the whole very encouraging indeed; still, as far as I am aware, it is seldom that any physician attempts the intra-uterine treatment of any other complaint, and even here

the *idea* has generally been to treat the *mother* only, or principally.

In thinking the matter over, and endeavoring to find some sound reason to guide me in the to-be-attempted preventive treatment of hare-lip, I was encouraged to hope for a good result from the recorded experience of a few homœopathic obstetricians who tell us of the successful medicinal treatment of the uterus and of the expectant mother herself; for it seemed no great difficulty, theoretically, to modify the development of the fœtus, which grows in the uterus and is fed with the blood of the mother, seeing that both the mother's blood and uterus can, demonstrably, be modified therapeutically.

Now, although I felt the idea of trying to prevent hare-lip with the help of *specificity of seat* in the ordinary homœopathic sense unworkable, still this lay in the nature of the case rather than in the nature of the thing generally. Thus in those liable to beget offspring with defects or deformities, or displacements of organs, or parts to which we have approved remedies with specific affinities for such organs or parts, we might, and undoubtedly should, find it of eminent service, and also of the careful application of the homœopathic law of similars; also of the tripartite pathology of Hahnemann; and of the constitutional states of Grauvogl, and perhaps, even of the *Remedia Universalia** of Rademacher.

But to return, let us examine the embryology of the parts involved in hare-lip and cleft-palate.

Biologists tell us that the face is originally formed of a middle portion proceeding from the forehead, or frontal process, and of a lateral portion on each side, derived from the superior extremity of the first visceral arch. These parts are at first separate.

The lateral and the inferior parts, destined to form the superior and inferior maxillary apparatus, are both derived from the first visceral arch, in which an angular bend appears; the part above this bend being converted into the

* A *Remedium Universale* is not a would-be panacea or cure-all, but one that hypothetically affects the universe of the microcosm, *i. e.*, not an organ.

superior maxillary mass, and that below it into the inferior maxillary apparatus.

The superior maxillary mass, in its growth, approaches the frontal process, and unites with it; a cavity being left between that process and the two superior maxillary masses, which becomes the nasal cavity. By the union of the superior maxillary masses (the superior maxilla and palate bone) of opposite sides beneath this cavity, the separation of the nose from the mouth by the palate is effected.

The mode of development of the face affords an explanation of the abnormal cleft palate, and the congenital cleft between the upper maxillary and the intermaxillary bone; and of those congenital fissures which pass between the intermaxillary and upper jaw, as far upwards as the orbital cavity. Congenital clefts of this kind are thus the *results of an arrest of development occurring during the primitive conditions of the parts.*

We may, therefore, infer that cleft-palate is due to lack of a due supply of formative material; the superior maxillary masses ossify indeed, but fail to unite in the median line. If so it will follow that if the requisite amount of formative matter be supplied soon enough to the maternal blood, it will be given off to the fetus, and tissue osseous union will take place, and deformity will be prevented.

But the skeleton may unite in the middle, and yet the soft parts fail to do so; and when this occurs with those of the superior maxilla, the deformity known as hare-lip is the result.

We may regard the basis of the upper lip structure as already differentiated into connected tissue, which is indeed the stroma of the whole body, and of all its organs. When, therefore, the soft parts fail to unite in the median line of the upper lip, and we get the ugly defect known as hare-lip, we may conclude that the development became arrested from a lack of one of its constituents *in developmental or functional power.*

All things considered, I concluded it was, in this case, *lack of lime-life.*

Then the next point was—which salt of lime? Here the psoric constitution of the mother pointed to *sulphur.*

My conception was not that there was an actual lack of lime as such, but rather a lack of assimilative or developmental power of the lime-function in the sense of Moleschott and of Schussler, and that struma or psora (= morbid ω) was the hindering agent.

I therefore decided on *calcareo sulphurica*, and believing it was *quality* that was required and *not quantity*, I determined on the sixth centesimal trituration.

This is how I diagnosed, theoretically, a remedy for *this case* of presumptive defective formation, and this remedy I made up my mind to give if the lady should come under my care.

A little time elapsed, and the husband appeared to inform me that his wife was believed to be *enceinte*. *Calcareo sulphurica*, 6th trituration, one grain night and morning, was prescribed. The lady continued to take it till the end of the seventh month of the pregnancy, and during the last two months she took *lithium carbonicum*, and at full term *she gave birth to a healthy and perfect child*.

In due course a second pregnancy took place. The same course of treatment was adopted, and with the same happy result—viz., a *perfect child*.

Since this time I have kept the subject of the intra-uterine medicinal treatment of the human foetus before my mind; but my experience here has since been for the purpose of preventing, respectively eradicating, constitutional taints and hereditary proclivities. Cases other than those two, for the prevention of defect or deformity, have not hitherto come under my observation.

But this further experience of mine I will refer to again, as an interesting paper, published in the *Practitioner* for December, 1878, by Dr. Thomas P. Tuckey, of County Cork, Ireland, here claims attention. Dr. Tuckey is evidently an original thinker. This paper is entitled "On the Preventive Treatment of Cleft-palate and Hare-lip, and some further Remarks on the Relation of the Ovaries to the Sex of the Child."

Our author tells us that his attention was directed some years ago to the remarkable success which has attended the

Dublin Zoological Society, in the breeding of lions, and the great immunity which animals born in their gardens, in the Phoenix Gardens, enjoy from various disorders and deformities to which the lion bred in a state of subjection is liable. The most remarkable of these diseases is cleft-palate, which lions in a captive state are very apt to have. Dr. Tuckey believes it was the Rev. Professor Haughton, when speaking before some public assembly, who drew attention to this fact, and stated that it was his opinion that the cause of the lions in the Dublin Gardens being born so unblemished, was giving the mothers bones which they could crush. This fact very much impressed Dr. Tuckey, and as he happened to have under his observation a family of several children, who were all, both male and female, the subjects of hare-lips, several of which cases were complicated with cleft-palate, he determined to speak to the mother, who was in poor circumstances, and ask to let him know the next time she was in the family-way, that he might give her a medicine which would prevent her next child having the same deformity as the others. The poor woman was heart-broken, taking her children here and there to be operated upon, and quite jumped at the idea, and promised faithfully to come and report herself the moment she believed herself to be *enceinte*.

This is the woman's family history:—

Mrs. H., aged 35, mother of six children. Every one of her children have had hare-lips, two have also had cleft-palate. The disease appeared not to be hereditary, and she could not call to mind any of her family, or of her husband's family, who have had hare-lips. Is a fine, strong woman, but has fearfully crooked eyes; no other deformity. Has always had good health. Her husband, small, but strong and healthy, never has had any diseases while she has been married to him. He and she have both lived all their lives in the country. He is sober and has always been so. Her first child had simple hare-lips; no cleft in palate; does not remember getting any frights when carrying her children.

A pregnancy occurred; Mrs. H. presented herself and the doctor prescribed the following mixture:

R Calcis Phos. 1 dr. 20 grs.

Calcis Carb. 1 dr.

Bicarb. Magnes.

Chlorid Sodii.

Sodæ Phosph. equal parts scr. gs. M

To be added to an 8 oz. mixture composed of *geletine*, *gum arabic*, *syrup of ginger*, and *cinnamon water*; 1 dr. three times daily.

As clefts in the palate and lip are said to be due to arrest of development prior to the end of the third month, Mrs. H. was at once put on this mixture, which is intended to represent a very rough analysis of the constituents of bone. In any future cases Dr. T. thinks he would grind up the bones of the head of some animal, and give some of the powder instead of the above elaborately constructed mixture.

The essential parts of this mixture are clearly the *lime*, *phosphorus*, and *magnesia*. The little poly-pharmaceutical performance of adding *gelatine*, *gum arabic*, *syrup of ginger* and *cinnamon water* is not a little amusing.

But to return: The woman took the mixture regularly until the fourth month; she went her full time, and was delivered of a girl, without a trace of deformity about her lips or palate; the child was healthy and strong.

Hearing of this case, a Mrs. L. came to seek Dr. Tuckey's advice. She was the mother of eight children, most of whom had cleft-palate and hare-lips; in four of them the hare-lip was double, and more shocking objects of deformity he had never seen. One boy was perfectly repulsive. The woman believed herself pregnant, and was at once put on the mixture. She went her full time, bore a girl without hare-lip, indeed, *but who evidently had had one in utero*, for the lip, though united, was united *crookedly*, and one side was puckered up, as if by a slight and narrow burn.

This is, truly, a most remarkable and interesting case.

I must demur to the statement that the arrest of development occurring before a certain period necessarily in-

volves the conclusion that treatment in the later months of gestation would be useless. This is a pure assumption, and based on no normal observations. Here we have to do with arrested and *therefore retarded* growth, and hence the nutritional or medicinal treatment should not only be begun early, but continued to the end; and one begun late would still be hopeful of obtaining amelioration, if not of complete normality.

Again, there is an objection to the use of the bone, simply as the lips have not the same constituents as the bones, and in the same proportions; so if we are to give pulverised heads we must give the lips too.

But we, happily, need neither one nor the other; neither do we need any bulky, cunningly-devised mixture, with nasty or nice additions, to mystify, and obscure, and render our own observations open to objections.

Pure clinical experiment must be with one remedy at a time to be conclusive.

Thus I may object to Dr. Tuckey's proposition that the *phosphates* did the work in his cases, on the ground that the *tincture of ginger* acted as a stomachic, and strengthened his patients' digestions, so that they assimilated more food, and *thus* were the defects prevented. Another might attribute it to the *gelatine*; a third to the *alcohol*; a fourth to the *cinnamon*.

Then this polypharmacy prevents individualizing, which is the soul of all true progress in scientific medicine.

I was once struck with the extreme beauty of a lady's children, both parents being rather plain, and found that she had been in the habit of using a mixture of *phosphorus*, *iron*, and sherry during gestation to keep her strength up. Her own health was seriously injured by it.

I think it will be conceded that it is at least highly probable that the preventive treatment of congenital deformities and defects may be undertaken with good chances of success, and I venture to submit that this corner of the field of practical medicine is well worthy the attention and skill of all physicians, and also of all well-wishers of the race, lay as well as medical.

It will be of surpassing interest to the individuals and

families more immediately interested, through having undesirable family proclivities.

There is here great scope for the tissue remedies, especially when dynamized, as it is likely to be qualitatively changed nutritive building material that is required.

No doubt the various cases of congenital defect and deformity differ essentially in their natures, and will require accordingly different remedial or preventive treatment.

This immense field lies fallow ready for the tilling talents of willing workers.

As soon as this is undertaken, facts will multiply, and reliable data will be at hand to guide us.

To draw a line of demarkation between the nutritional and medicinal treatment is not now possible. Undoubtedly some cases will require nutritional treatment solely; others will require medicinal treatment directed to the mother's constitutional crisis; in others, again, a debilitated generative sphere may claim attention. Or a presumable taint in the marital product may call for the principal intra-uterine therapeutic endeavors.

Here I may narrate the following observation. A lady patient of mine was extremely fond of liver during one of her pregnancies; at least once a week she would partake copiously of it—pregnancy fads are as old as the world. This lady was delivered of a very fine *child that had extensive pigmentation of the forehead*, such as we are wont to see in some ladies during gestation. This brown discoloration gradually disappeared from the baby's forehead in about four weeks. The mother's skin was also in parts very deeply pigmented, but not the forehead.

Hitherto we have referred more particularly to the preventive nutritional and medicinal treatment of defects and deformities; it has, we opine, a certain future.

Perhaps it will now be profitable to consider the subject of disease from the same standpoint.

To start with, we may not do amiss to realize the fact that we get, so to speak, a capital leverage for our therapeutical work, inasmuch as we have a number of months in which to accomplish it. We know from daily experience that numerous diseases can be cured by a *course*

of treatment spread over a considerable period of time, but which cannot be modified to any great extent with any *one* given remedy. The various remedies follow one another like steps in a staircase, and they are all needful to reach the top.

Then we have the most favorable physical conditions. Our foetal patients are not exposed to change of temperature, but have a constant temperature in the best possible medium, and they are pretty sure to take their physic regularly.

Ever since my attention was arrested, as before stated, by the observations of hare-lip, I have sought opportunities of testing the truth of this theory—that the body fruit, while still within the womb, can be nutritionally, and medicinally modified at will. Further cases of deformity have not presented themselves, but in general practice I have had some opportunities of observing the beneficial effects of the medicinal treatment of pregnant women for the prevention of various to-be-expected morbid states.

Thus, a lady patient of mine has a good many moles and warts on her person, and her husband a great number of warts, some very unsightly, on his. Considering the frequent observations that warts will, at a more advanced period of life, take on increased action, hypertrophy, and become epitheliomatous, their presence in an individual is not only æsthetically undesirable, but may become the source of positive danger to life; at any rate they are ugly things at the best. Moreover, both of them are rheumatic and constitutionally strumous. This lady has passed through four pregnancies under my observation and professional care, and during each one I subjected her to a course of treatment with the most happy results. The four children were born with unblemished skins—wartless, moleless, and spotlessly pure.

It may be objected that the treatment had nothing to do with this purity of skin, as the interesting babes might have been equally unblemished without any treatment at all. Of course I cannot *prove* the contrary—still

“Like genders like, potatoes tatoes breed,
Uncostly cabbage spring from cabbage seed.”

My belief is, and it is based on observation, that those four children would in all probability have all been born with unsightly warts on various parts of their persons had the mother not been treated to prevent it.

The course of treatment followed was in this wise—a *peu pres*.

Sulphur, generally in the sixth, twelfth, or thirtieth dilution (by preference the last named) was given as the most certain anti-psoric. This was granted time to act, and then followed *Thuja occidentalis* as the anti-sycotic *par excellence*. Lest any specific taint lay in its history, *mercurius* was given. The lady's teeth are very carious, and hence *acidum fluoricum* was given for a while; the children have thus far sound toothie-peggies, and teethed normally and without any mediævally superstitious gum-lancing.

apropos of gum-lancing, if those who still adhere to this barbarous practice would just work up the indications of *aconite*, *belladonna*, *ferum phos.*, *kreosote*, *calcareæ carb.*, *calcareæ fluorica*, *silicea*, *phosphorus*, and the like, they would soon have, as I have, a *very* rusty lancet, and a very grateful heart, that they no longer need to pain the poor bairns and constitute themselves dreaded objects. Moreover, they would soon satisfy themselves, after a little careful oservation, that the gums are not the offending parts, but the unfinished, abnormally constituted *teeth*, and a morbid something lying behind and beyond in the constitutional crasis. *Sapientibus sat*.

A lady, mother of several (five) children, was under my treatment for a chronic internal skin affection; her husband had formerly been successfully treated by me, for psoriasis of lower extremities, with *arsenicum*.

The last baby I had treated for eczema while still at the breast, and when it was vaccinated the arm became very seriously inflamed, and the object of anxious care and medicinal treatment. All the five children had had, I was informed, something wrong with the skin, and every scratch with them festered.

The sixth pregnancy occurred, and I treated the lady during the greater portion of it. The principal remedies

used were *psorinum* 30, *sulphur* 30, *calc. sulph.* 6, and *juglans cinerea* 1.

The child came in due course; every thing was normal, and the little manikin was the finest of the lot, and remained for two years with a pure skin, and the vaccination caused no inconvenience. All the other children had had cutaneous affections before they were a year old, and some of them proved altogether intractable.

The child passed from my observation then, but I have heard that it now has "something on its arm," but what I do not know. Supposing it to be a cutaneous affection, the result of the preventive treatment would be that it remained free for the first two years of its life; and moreover, it is by far the finest and handsomest of the six children.

Of course I cannot *prove* that it would have been otherwise if the mother had had no treatment at all.

It was once my duty to treat a conjugal pair, each for the morbus gallicus, that admittedly was a marital acquisition. A pregnancy occurred while only too many unmistakable symptoms were objects of treatment. During almost the whole of the pregnancy the lady was persistently treated with *mercurius*, *aurum*, *stillingia sylvatica*, and the like, with an occasional pause. The usual term of utero-gestation resulted in the birth of an apparently perfectly healthy, spotless child, and, as long as I observed it, it remained so.

No doubt other practitioners are in the habit of treating pregnant women for various ailments, and will be able, from longer experience and greater opportunities than mine, to give more striking examples of its efficacy in regard to the mothers, and perhaps also *quo ad* the offspring.

Having thus gone rapidly over the subject of the prevention of defect, deformity, and disease by the intra-uterine medicinal and nutritional treatment of the pregnant person during gestation, it only remains for me to apologize for the meagreness of the practical suggestions I am able to offer in the few minutes allotted to me for this paper, and to express a hope that you will freely add hereto in the discussion which is to follow, so that it may be said that I merely give out the text, and you, gentlemen, preach the sermon.

*EXTRACTS FROM PROCEEDINGS OF THE
ST. LOUIS HOMŒOPATHIC MEDICAL
SOCIETY, MAY 12, 1879.*

The Essayist not being present, Dr. Harris began the discussion by relating the history of a recent case in his practice, speaking as follows:

It has been said that in malarial diseases, where there is coma threatening death, *quinine* should not be given. I had a case lately. There had been rheumatism, as was supposed, beginning on the right side, and after two or three weeks passing to the left. There had been very little fever at any time. A variety of remedies had been used, among them salicylic acid. Last Monday at 2 A. M. the woman had a chill. The chill, as well as the fever following, was slight. On Tuesday all her pain went to her head, and there remained, with one or two aggravations daily. For three days her pulse was not above 80. I thought best to give *quinine*, but instead of relieving it aggravated the headache. On Friday she was siezed with convulsions, and, sinking into a comatose condition, died ten hours after the onset of convulsions. Is it better to give high potencies in such cases, or not? I should like to hear the opinion of those present. I have had two similar cases before, and I have wished since that I had given *quinine*. During the meeting of the Western Academy some of the doctors visited the hospital, and while they were there this subject was brought up. Dr. Eggert stated very positively that *quinine* should not be given in such cases.

DR. CUMMINGS: Did you give *bell.*?

DR. HARRIS: Yes, for a day and a half. There was difficulty of swallowing.

DR. CUMMINGS: What doses of *quinine* did you give?

DR. HARRIS: $1\frac{1}{2}$ grs. once in three hours.

DR. GUNDELACH: What was the age and temperament of the patient?

DR. HARRIS: The woman was 30 years of age, had gray eyes, and a nervo-bilious temperament.

DR. CUMMINGS: I have had more experience probably in

such cases than many of those present. I would not dare to give *quinine* under such circumstances. At what stage of the disease did you give the *quinine*?

DR. HARRIS: After the woman had been sick two or three weeks.

DR. CUMMINGS: *Quinine* is the proper remedy in the first few days of the disease, but not afterwards. I have, however, given 40 or 50, and even 100 grs., but it produced deafness, blindness, and other grave symptoms. A favorite prescription of the Old School physicians in New Orleans some years ago was the *quina haustus*, containing *quinine* and *opium* in the proportion of 20 grs. of the former to 2 grs. of the latter, which amount was the ordinary dose. I gave three-quarters of this amount to a patient once, and a few hours afterward took an old doctor around to see the case. Her head was hot and body cold, and she was in a very dangerous condition. The doctor recommended bleeding. We tried it. Some blood slowly welled out, but she died in an hour or two.

Afterwards I reduced my doses. I gave 5 or 10 grs. in 5 or 6 hours, and had much better results.

The old doctor changed his practice, too.

My present way of treating congestive chills is to give mercury very often in substantial doses, followed by about 20 grs. of *quinine* in two doses; but this treatment must be employed at once, and not after the disease has run on for three or four days.

DR. PARSONS: Is that homœopathic?

DR. CURTISS: I've had considerable experience with chills, and I have never failed to get along with electricity and water. Sometimes one treatment is sufficient, sometimes it is required to be kept up for ten days.

DR. CUMMINGS: I never give *quinine* unless I apprehend a congestive chill; but when I do give it I don't give it in $\frac{1}{2}$ gr. doses, though I, of course, give smaller doses to women and children than I do to men. In plethoric persons, *verat.* or *camph.* are proper. I knew a homœopathic doctor to let a patient die giving him drop doses of medicine when I was confident the treatment I have mentioned would have saved him. But if any one thinks I give *quinine* in every case

of chills, he is mistaken. I have given it, I believe, only once in four years. I have had *cinchonidia* in the dispensary since last fall, and I think I have used it but twice, which the books will show. All other cases I have treated homœopathically.

DR. HARRIS: What are the symptoms of malarial congestion of the brain? Is there any possibility of preventing or curing it? Have any of the gentlemen present seen such cases recover?

DR. PARSONS: Congestions of a malarial origin sometimes get well, as well as those resulting from other causes. Malaria is something we don't understand. Congestion is only one of its manifestations. Congestion of the brain may result from cold, from an injury, from a fall on the head, and from malarial influences, and may have about the same symptoms, whatever its cause. Congestion from other causes is relieved; why should not malarial congestion be relieved? Undoubtedly there are cases of congestion which no treatment will cure. Cases caused by punctured wounds will die, though we do our very best, when seemingly more serious cases of different origin recover; why, we do not know. Now, if any severe cases of congestion of the brain recover, I say those of malarial origin may. Every physician can say the same. But coming to congestive chills: This term, as commonly applied, may mean one thing or another. It is applied to cases where there are coma and somnia, and to cases where there is a cold, pinched, collapsed condition without coma; cases different, but not opposite; different in degree, not in kind.

DR. HARRIS: I spoke of a case where there was coma.

DR. PARSONS: What shall we call those cases where there is not sensibility? where we are in the habit of giving *acon.* and *bell.*? When the blood leaves the surface it must go somewhere—to the brain, stomach, liver, or some other internal organ. The congestion is temporary; sometimes there is unconsciousness, and sometimes not. I have seen these cases of congestion get well; but I would not give *quinine* when the congestion is to the brain. In this condition we do not want a stimulant, and *quinine* is a great stimulant. When there is unconsciousness, i. e., when the

brain is congested. *acon.*, *verat.*, *camp.*, *ars.*, are the remedies.

DR. GUNDELACH: When I have reason to think a fever is malarial, and congestion is present or threatened, I give *quinine*. I have seen cases of congestive chills where there was coma, due, as I believed, to a passive congestion of the brain, and I have used *quinine* in those cases, not only without evil effects, but with decided benefit. I applied it to the skin or injected it. Hot baths and friction are not to be discarded; but nothing equals *quinine*, and I would not be without it. I am satisfied that large doses are required.

DR. VALENTINE: You use *quinine* for congestion of the brain?

DR. GUNDELACH: I use it when there is coma. I had a case of a child this spring. Its mother went down town, and was gone some time. When she returned the child was insensible. I saw it an hour or two later, and worked over it until it came to consciousness, about 24 hours from the beginning of the attack.

DR. VALENTINE: How do you apply *quinine* to the skin?

DR. GUNDELACH: Dissolved in water by means of a little acid.

DR. VALENTINE: You do this way when the patient cannot swallow?

DR. GUNDELACH: Yes. I have found that when necessary to give *quinine* internally, it had a very good effect when given with *Fld. Ext. of Taraxacum*. *Taraxacum* has many symptoms of intermittent fever.

DR. CUMMINGS: What doses of *taraxacum* do you give?

DR. GUNDELACH: I put 1 dr. quinine and 6 fl. dr. of the *Fl. Ext.* in 4 oz. of water, adding sufficient acid to dissolve the quinine (it does not require much), and give according to severity of the case and age of the patient.

DR. CURTISS: I was called to see a man who had a congestive chill. There were no conveniences in the house, so I took him home in my carriage and immersed him in an electric bath. He soon recovered.

DR. VALENTINE: Describe your bath.

DR. CURTISS: I immersed the man in the bath-tub and ap-

plied the positive pole of Kidder's battery to his head and the negative to his feet; also employing friction when he was in the water and after he was taken out. He suffered a long while afterward, but entirely recovered, and no other remedy was used.

DR. CUMMINGS: I think Dr. Parsons is right to confine the use of *quinine* to those cases where there is coldness and collapse, but consciousness all through the attack. It is adapted to build up the system, and may be given to advantage in whisky.

There are some cases of congestive chill that are difficult to distinguish from sunstroke, when they occur in hot weather, and the history is not known. I had a case in the South on a steamboat in July. I had no history of the case except that he had been in a skiff in the sun. I went to the bar and got some brandy, and put some *quinine* in it, and gave the man at about 3 p. m., and he was walking around the deck at 5 or 6 p. m. I learned afterward that he had been having swamp fever.

In 1861 I had some cases of sunstroke very similar. Some negroes on a plantation were having a sort of a holiday, and having taken a little whisky, three of them became sunstruck. One was limp, and could hardly swallow; the others could walk around a little. I poured water on them and gave them *quinine* and whisky, and they all recovered. The *quinine* must be used early in such cases.

The surgeons of the British army have used *quinine* hypodermically, but it produces ulcers.

DR. KNOX: I had a case of considerable interest this morning about 3 a. m. It was a colored man. He went to bed well, but fell out of the bed in the night, and had cramps and convulsions in his arms. I found him comatos, breathing stertorously, with his pupils dilated, and insensible to light; pulse slow and full. I gave him some *bell.* in a little water, which he vomited, with some vestiges of pigs' feet he had eaten at supper. I thought of giving *opium*, but I left *bell.* and *acon.* to be taken alternately. This morning he was dead.

DR. CAMPBELL: What was your diagnosis?

DR. KNOX: Apoplexy.

DR. PARSONS: *Quinine* would not help. There is no remedy set down for pigs' feet—homœopathic or any other.

In 1866, the cholera season, I went to see a patient of Dr. Franklin's, on Ninth and Olive streets. I found her sick at her stomach, vomiting a thin, glairy mucous, with pains at her stomach, cold extremities, clammy sweat, and thirst. She felt as if there was something in her stomach which she wanted to get up. The woman was conscious and had no diarrhœa, but the case looked considerably like cholera. At first she said she had eaten nothing, but on inquiring again she admitted she had eaten a little corn and mashed potato, but nothing of any consequence. I thought that, perhaps, these substances lying in her stomach undigested had provoked the spasm. I remembered what I had seen old Dr. Vastine do. I gave her a pint of warm water, poured down at divided doses. A few moments after she vomited the water, some butter, some beans, some corn, some cabbage, some cucumbers and some potatoes, yet she had eaten nothing. Suppose I had left some homœopathic remedy. These articles would have remained in her stomach and produced—I know not what consequences.

As it was, she slept and recovered. I learned the value of this remedy from old Dr. Vastine. He took me to see a patient who had colic, wind on her stomach, etc., but who had eaten nothing. The doctor gave her some warm water, with mustard in it. She vomited half a dozen figs and several date stones.

For cramps in the stomach warm water will seldom fail.

DR. KNOX: What if the patient was unconscious?

DR. PARSONS: The water could not be given. But such cases are not often unconscious at first.

DR. VALENTINE: Did Dr. Knox's case die from over-eating?

DR. PARSONS: No; I don't say that. I don't want to be understood as censuring the course of Dr. Knox. If the doctor considered it apoplexy, I would ask what he understands apoplexy to be? The term is applied to different conditions. I apply it to the escape of blood from the vessels. It may be serous or sanguineous but fluid must be poured out from the blood vessels or lymphatics.

The symptoms of apoplexy of the brain may be like those of a congestive chill or like sunstroke. There may be dilated pupils, unconsciousness and suffused face; or the reverse, contracted pupils, pale face and paralysis of the buccinator, in either of these affections. All three come on rapidly. It may be that in individual cases we can determine with precision the character of the attack, but in the majority of cases we cannot tell positively. If a case occurs in hot weather, it is apt to be sunstroke. Acute congestion may be centric in its origin, or it may be from sympathy with the stomach or some other part. After deaths from tetanus or trismus, resulting, perhaps, from an injury to the toe, there is congestion of the brain throughout, with effusions of serum, just as there is in hydrocephalus. If we do not see the skull laid open, we cannot tell for certain what the lesion is.

In using these terms we must define what we mean by them. Dr. Knox's case may be one of apoplexy, but I doubt it.

*THE RIGHTS OF WOMEN TO PRACTICE
MEDICINE, OR WOMEN AND SOME OF
HER QUALIFICATIONS FOR THE MEDI-
CAL PROFESSION.*

BY MRS. E. W. DUNLAP, PLYMOUTH, IND.

Read at the 14th Annual Session of the Indiana Institute of Homœopathy, at Indianapolis, Ind., May 26, 1880.

We have only to look at the course of homœopathy. Civilization is advancing. It pushes forward and nothing can impede its progress. To-day it is further ahead than it was yesterday, and each decade of years makes a notable advancement in its onward course. For proof of our declaration, we have only to point you to the fact that woman is now recognized as the peer of man in intellectual power. She is now granted an admittance to fields of labor that she

was forbidden to enter a few years ago. It has been evident for a long time to unprejudiced minds that her mental endowments were not inferior to those of the sterner sex. Precedent and usage, however, are strong factors in human affairs, and when once established, it often takes truth a long time to overcome them. It has been thought by those who were conservative on the question, that we had better go by the old landmarks, and thus debar women from occupying the positions in the world for which the God of nature qualified her in the outset, when He created the first pair and placed them in the Edenic garden. God did not take a bone from the head of man to create women that she might be his superior; nor from his feet that she might be his inferior, but took a rib from his side, thus demonstrating that He intended her to be his equal, and stand side by side with him in the great conflict of life.

The history of women in all the ages past proves beyond the shadow of a doubt that she is abundantly able to fill any position where brain-power is demanded as a prerequisite.

Queen Zenobia was the ablest and best ruler ancient Palmyra ever possessed. And England was never more prosperous than during the reign of Elizabeth. Queen Victoria of to-day is a model sovereign as well as the highest type of a christian women.

American statesmen are beginning to perceive that the salvation of the republic depends upon woman being given the elective franchise.

In several States she has already been granted the ballot, and in all cases when empowered to do so, has cast the same upon the side of right. Her voice is now heard pleading at the bar of justice in our courts, and upon the temperance platform her clarion notes ring out in favor of sobriety. In the pulpit, on the regular lecture rostrum, in the editorial chair; in fact, every place where she has measured swords with man in the use of brain, tongue or pen, she has proved herself his compeer. In missions of charity, where sympathy is required, she has proved herself his equal if not his superior.

Florence Nightingale in hospitals, Clara Barton on bat-

tle field, Helen Chalmers in missions, Catherine Pennefather among the outcasts, and Mrs. Barbauld in Sunday school, are brilliant examples of your pathetic women. The women of sacred history, who ministered to the temporal welfare of Jesus, and noble Veturia, who importuned Coriolanus in behalf of the Roman empire, were also woman whose power for good was never transcended by man on this terrestrial sphere. It is in medicine, however, that women has won her greatest achievements. In this noble profession, the names of Madam Lachapelle and Boivin stand side by side with those of Ramsbotham, Velpeau and others whose fame is as imperishable as medical science itself. But we are not obliged to search the annals of the past for lady doctors of exalted reputation. In every large city and in many county seats there are female physicians, whose large practice gives evidence of their appreciation by the public, and tends to prove their skill in the treatment of disease. We have not the space to mention any of those by name. We contend and we believe justly that woman is as well adapted to practice the healing art as man. Let us examine her capabilities—her natural qualifications.

1st. She is man's equal so far as mental caliber is concerned, and more than his equal, if fineness of brain texture is considered. The convolutions of her brain are more numerous, and the gray matter more abundant than in the encephalon of man. In view of this fact, her mind is more æsthetical in its composition. Man naturally seeks and follows the grosser occupations of life, such as agriculture, explorations, campaigning, etc., while woman delights in poetry, music, botany, and last but not least, in medicine, which all will acknowledge to be one of the most æsthetical of sciences, and one that requires the exercise of fine powers of discrimination in its practical application to the amelioration of human misery.

2d. Her preceptive faculties are more astute than man's, which gives her a power of penetration that he does not possess, and can never acquire while he is a denizen of earth. It is perception that gives the physician the ability to diagnose disease. More than this, it qualifies him for emergencies, when he is called to act on the spur of the moment.

Woman possesses this gift in the highest degree, and is prepared to act without the time required by man for reflection. Again, she will take in the surroundings of a patient a great deal quicker than a male practitioner. She will notice the state of the atmosphere of the room, facilities for ventilation, cleanliness of the linen, etc., with remarkable rapidity and exactness.

3d. A physician must have a sympathetic nature. He must be touched by human woe. The doctor who has a frigid temperament and is hard-hearted, does not love children, and is not moved by the cry of anguish often uttered by a suffering patient, is not a perfect disciple of our honored Æsculapius, and he had better seek some other occupation than medicine. Woman is naturally endowed with sympathy. It is a part of her being. She always desires to alleviate the distressed, even though the sufferer, man, be the cause of all his misfortunes. The wail of agony to her is like a tocsin of war to the patriot who loves his country, and flies to its rescue when it is assailed by ruthless foes. In fact, it has been said of her, that she is to this world what angels are to the next—a messenger of peace, of friendship, of love, of all that goes to make life better and our stay here more pleasant. Without her this terrestrial planet would be an arid desert and a barren waste. She is never more at home, never more happy than when cheering her fellow traveler on in the great battles of life, and always seeking to dispel the gloom that settles over them when adversity and corroding care gather around and darken their pathway. It seems, however, to be her special province to administer comfort to the sick, to sponge the fevered brow, and, when death comes, if it should do so, to stoop tenderly over the couch and catch the last faint whisper that is breathed forth from quivering lips, ere the spirit has departed to celestial regions. If it is a fact, then, and none will dispute it, that woman is well qualified for a nurse, why should she not go a step further and administer the panacea that will restore life.

4th. Woman is preeminently a devoted being. Whatever she undertakes to do she does with every energy of her soul. The reforms of the day are largely indebted to her

for their success. Her devotion to the man that she has sworn at the hymenial altar to love, is but an example of her loyalty to plighted faith and solemn vows. You may depend upon it when she enters a profession like medicine, that she will not stop short of success in its practice. She is one-ideaed, so far as homage is concerned, at least, and it is one-ideaed people who prosper in the profession they have chosen. It may be set down for a fact that no patient will ever die for the want of attention, if they employ a lady physician.

5th. There is no denying the fact that a certain amount of what vulgar people call blarney, is necessary to success in medicine. A doctor frequently comes in contact with persons who are disposed to be melancholy, and who think that they are on the verge of the grave, when they really enjoy a tolerable degree of health. Of course it is the physician's duty to dispel the dark cloud that overcasts the patient's mind. This he can do with cheerful words, and by letting into the deep recesses of his heart the genial rays of a beaming countenance. Women have more sunshine in their nature than man, and are prepared by reason of the buoyancy of their spirits to treat just such patients.

6th. Woman does not break down her constitution by the use of spiritous liquors, tobacco, etc., like man, and therefore possesses the physical endurance necessary to practice medicine. Physiology teaches and experience demonstrates that she can also lose sleep better than man.

7th. There is another qualification of women for medicine, however, to which we wish to call your special attention, and upon which we desire to place a great deal of stress. It is her peculiar fitness for treating her own sex. Woman should certainly be woman's physician. This proposition is self evident, and scarcely needs an argument to sustain its validity. Lady patients are naturally modest, and often suffer some private ailment for long dreary months rather than make it known to even their family doctor, with whom they have been acquainted for years. This is no chimera of the brain, no idle fancy of the imagination, but a fair statement of a fact, known to every physician of experience. In obstetrics, too, woman's sex is in her

favor when it comes to acting the part of a midwife. We may safely say that ninety-nine in every one hundred women will prefer a lady doctor in such cases. In the treatment of children they transcend man. We would like to say a few words on this point, but have not the space to do so. It is an axiom that will not be controverted by persons of observation. We have thus briefly noted some of the characteristics that fit women for physicians.

We now pause and ask this question: What remains to prevent them from stepping into the ranks of the medical profession? Nothing in the world but the stern usages of human society. These, thank Providence, have been overcome, and no longer continue in woman's way to glory and a justly deserved renown as a practitioner of the sanitive art. The angels in heaven as well as the pioneers of an advancing civilization on the earth, do certainly rejoice at this consummation of their long cherished desires.

To lady physicians already in practice, we have this to say: Be true to yourselves and true to your patients. Proveto scoffers that you are able to compete in practice with your brother practitioners, and are, in every sense of the word, deserving of the appellation of doctor—the highest title ever conferred on man. You will then receive in the last great day the benediction of the conscientious performance of duty—Well done!

Book Reviews.

After a careful examination of Dr. M. M. Eaton's new book on "Diseases of Women" (a handsome volume of nearly eight hundred pages), I am truly grateful for the addition of it to my library; and I am not surprised to find the book already in the hands of the fraternity.

The fullness of its information will make it indispensable to the Gynæcologist, and its practical utility can scarcely be overrated.

The Description, Etiology, Pathology, Diagnosis, Prognosis and Treatment are carefully kept distinct, thus saving much time to the student and the practitioner.

As a rule, only the important points in each subject are handled, and all tedious minutiae dispensed with.

Some of the principal features of the volume are: its completeness in surgical as well as medical diseases of women; its Homœopathic indications for remedies in each affection; the clear arrangement; the amplitude of the general index, and the numerous and original illustrations, with an alphabetical list thereof.

The chapters on Instruments, Ovarian Tumors and Ovariectomy are fully up to the times. The one on Inversion of the Uterus (its interest to medical jurisprudence) makes it a very interesting chapter; also, the chapter on Areolar Hyperplasia of the Uterus (because of its prevalence).

There are many new ideas advanced; some especially interesting in regard to moles in the uterus.

Great diligence and extensive research have evidently been devoted to its preparation.

In no other profession are the results of the labor, thought and experience of past generations so sacredly preserved, or of such incalculable value. How grand the thought, that thousands of years and millions of lives of toil have brought their rarest, richest treasures to the storehouse of to-day!

The compiling of scientific data for the good of humanity does not detract from but adds to the substantial value of any work.

Those whom we generally call cultured have their minds enriched and strengthened by the thoughts and experience of others.

The language is concise and to the point.

The author evidently asks nothing for himself, but everything for Science.

The Publishers' work reflects great credit on themselves.

The paper is beautiful. The legible type is friendly, even to the oldest eyes; while the binding is all that could be desired.

We hope this volume will meet with a hearty reception by the Profession.

MRS. M. B. PEARMAN, M. D., St. Louis.

Books and Pamphlets Received.

MINING REVIEW, Rich Hill, Mo., a weekly, Thomas Irish, publisher.

REMARKS ON PEPSIN, by J. S. Hawley, A.M., M.D., Brooklyn, New York.

NATIONAL CITIZEN AND SOLDIER.—N. W. Fitzgerald, Editor, Washington, D. C.

OFFICIAL REGISTER OF THE PHYSICIANS AND MIDWIVES, to whom certificates have been issued by the Illinois State Board of Health.

SURGICAL TREATMENT OF NASO-PHARYNGEAL CATARRH, by D. H. Goodwillie, M.D., D.D.S., New York. Reprint from *The Medical Gazette*.

HOME MADE TREATMENT.—A tract for popularizing Homœopathy, and a most excellent one it is verily. Published by W. F. Towns, 486 Harrison street, Boston, Mass.

HYGIENE OF CATARRH.—Hygiene and sanative measures for chronic catarrhal inflammation of the nose—throat and ears. Part I. pp. 174, by Thomas F. Rumbold, M.D., St. Louis, Mo.

A DAILY NEWSPAPER from Denver giving a full report of speeches, and resolutions passed by the Colorado brethren on the occasion of the Hering Memorial, October 10th.

ADDRESS delivered before the Joint Convention of the Western Academy and Minnesota Institute of Homœopathy, Minneapolis, June 10, 1880, by G. S. Walker, M.D., St. Louis, President of the Academy.

A GENERAL SYMPTOM REGISTER OF THE HOMŒOPATHIC MATERIA MEDICA, by T. F. Allen, M. D., New York, being a complete index to the *Encyclopedia of Pure Materia Medica*. 8vo, 1321 pp. Boericke & Tafel. 1880.

ON THE PURSUIT OF CERTAINTY IN MEDICINE, by Dr. Yeldam—being the presidential address—delivered at the meeting of the British Homœopathic Congress, held at Leeds, Sept. 9, 1880. Reprint from the "Monthly Homœopathic Review."

TRANSACTIONS OF THE ELEVENTH ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF MICHIGAN. A nice volume of 137 pages, containing several papers of great value. R. B. House, General Secretary. Thanks!

TRANSACTIONS OF AMERICAN INSTITUTE OF HOMŒOPATHY FOR 1880.—J. C. Burgher, Pittsburgh, Secretary. A really beautiful volume, with gilt lettered back. A great improvement on the old paste-board covers; cut square with the reading paper.

PROCEEDINGS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO.—Sixteenth Annual Session held at Cincinnati, May, 1880. J. A. Penn, M.D., Secretary. An elegant volume of 100 pages, containing several papers of great merit from which we shall make extracts.

LIGHT IN THE PUBLIC SCHOOLS.—By C. J. Lundy, M.D., Professor of the eye and ear and throat, in the Michigan College of Medicine, and surgeon in charge of the Michigan Free Eye and Ear Infirmary, Detroit. Reprint from the report of the Michigan State Board of Health.

EATON ON DISEASES OF WOMEN.—Illustrated. A treatise on the medical and surgical diseases of women, with the Homœopathic treatment fully illustrated. By Morton Monroe Eaton, M.D., Cincinnati, Ohio. Boericke & Tafel, New York and Philadelphia. A very handsome book indeed of 782 pages in the highest style of the publisher's art. An ornament to any man's library. A review to follow.

DRUG ATTENUATION.—Its object, modes, means and limits in Homœopathic Pharmacy and Posology by the Bureau of Materia Medica, Pharmacy and Provings in the American Institute of Homœopathy, 1879-1880. J. P. Dake, M.D., Chairman. Reprint from Trans. of the Institute. One copy from chairman of the Bureau, and a second (a corrected copy) from Dr. Conrad Wesselhœft, of Boston.

REPORT OF THE BUREAU OF GENERAL SANITARY SCIENCE, CLIMATOLOGY AND HYGIENE TO THE AMERICAN INSTITUTE OF HOMŒOPATHY.—Session of 1880. By Bushrod W. James, M.D.; Philadelphia, Chairman. We are pleased to receive these reprints of reports. It is very proper that they should be distributed outside of the Institute members.

JOHNSON'S THERAPEUTIC KEY (tenth edition), revised, improved and enlarged. By I. D. Johnson, M.D., author of Guide to Homœopathic Practice: Boericke & Tafel, New York and Philadelphia. This is the banner book for its size, and is used by more great doctors than any other, as a ready and reliable resort in an emergency. It is greatly improved, and is likely to run through ten more editions. All young doctors should buy it.

REPERTORY TO THE MODALITIES in their relation to temperature, air, water, winds, weather and seasons, compiled and arranged by Samuel Worcester, M.D., Salem, Mass., Lecturer on insanity and its jurisprudence, at Boston University School of Medicine, etc., etc.—Boericke & Tafel, New York and Philadelphia—This work of 160 pages is something new and in a new field. It is just in time to meet the demand for more light in this direction, and we welcome it heartily and thank the publishers for its coming.

Editor's Drawer.

For the next three months Dr. S. B. Parsons is President and Dr. J. P. Frohne Vice-President of the St. Louis Society of Homœopathic Physicians.

THE ST. LOUIS HERING MEMORIAL, as far as heard from, was the largest held in the world, and the tributes and eulogies were models of elegant diction and classic oratory.

EUGENE A. GUILBERT, Jr., formerly of Dubuque, Iowa, has been elected Valedictorian unanimously by the graduating class of 1880-81 in the St. Louis College of Homœopathic Physicians and Surgeons.

THE *Orgnnon* will suspend on *New Year's Day* unless it doubles its circulation, say from 20 to 40. (?) It's too much to expect. Cause of death: too much *Lac. caninam* by a SWAN. Duncan says that's hard on the Legion of Honor.

TROMMER'S EXTRACT OF MALT.—No preparations have been able to drive this from the market, or even diminish its sales. Its manufacture is not equal to the demand. All this is owing to its great excellence and to its being exclusively advertised in the best medical journals of all schools.

JOHNSTON'S FLUID BEEF.—We call attention to the two fat cattle standing on the top of the last page of our Ads. It is of such as these that Johnston uses; no other need apply. And thus we account for the rapid sales of his Fluid Beef. Sold by Robt. Shoemaker & Co., Philadelphia, and in this city by Richardson & Co.

IN OUR DISSECTING ROOM.—John Mergan, a Scotchman, aged 57, had died of *Emphysema*. The *Pectoralis Minor* muscles on both sides were found completely torn across, evidently the result of the strong muscular efforts put forth to get his breath during his last sufferings.

In the same man there was found a shingle-nail imbedded under a spicula of bone on the lower and inner aspect of the Radius. At this point a bridge of bone had been thrown across to the ulna, and there formed an artificial joint, so that the rotation of the Radius upon the ulna was preserved unimpaired. He, furthermore, had an aneurism in the ascending portion of the arch of the aorta, and bony plates between the arterial coats at that point. Another man had but one kidney, another but one testicle—either scrotal or abdominal. Perfect sets of teeth are common.

LETTER TO PROF. UHLEMEYER.

ST. LOUIS, Oct. 6th, 1880.

In reply to your letter of the 3d, I want to state that I shall be very glad indeed if all the promises you make concerning the college will be true. Such a college, which finds its only duty to make good physicians, and which, under no circumstances, will grant diplomas except to fully qualified applicants, is just the thing we need. We have no use for dunces any more, but want good physicians, no others. We don't care if you throw them out by the dozen, give us few, but let those be good, and the college will do honor to itself and as fully to the profession at large. But, my dear friend, why don't you go a step further, and make a preliminary examination obligatory? I don't believe, and nobody else will, that a man who enters a medical college, without a literary education, can make an educated physician. This is impossible. The word "Doctor" means a learned man, therefore let all your new doctors be learned in the true meaning of the word. Let your school help with all its power to raise the standard of Homeopathic Physicians, and if it does so, never mind what your enemies do or say, it will stand and grow.

Yours fraternally,

ST. PAUL, ILL. Oct. 6, 1880.

F. B. HOERMANN.

DIED.—Dr. A. O. Hardenstein, of Vicksburg, Miss., aged 74.

Vicksburg is a good opening for a good Homœopath. Dr. Harper is the only one occupying the ground.

REMOVED.—N. ZILLIKEN, M.D., from Milton, Ill., to Chester, Ill.

P. B. HOYT, M.D., from Paris, Ill., to Norwalk, O.

DR. R. O. CHAMBERS, Bentonville, Ark., to Prairie City, Bates Co., Missouri.

MRS. SUSETTE EHRMAN DUNLEVY M. D., from Richmond, Ind., to Brooklyn, N. Y.

HERBERT C. CLAPP, M.D., of Boston, has just written a new book entitled "*Is Consumption Contagious, and can it be Transmitted by Means of Food?*" Otis Clapp & Son will publish it in November. We want to see it. Dr., it has arrived.

PROF. JNO. W. DOWLING, Dean of the N. Y. Hom. Coll. has given up the chair of Theory and Practice, and taken a newly created chair, that of Physical Diagnosis and Diseases of the Heart and Lungs, in same college. In this branch he probably has no superior in this country.

DR. J. C. GUERNSEY has just forwarded Trans. of Am. Inst. for 1879. He was appointed to do the work left undone by Dr. McClatchey, and he claims to be well advanced with the volume of the Trans. of the World's Homœopathic Convention of 1876. We do hope to see it before we sail for England to the next one in July, 1881.

ARSENIC IN HEART DISEASE.—An English Physician, Dr. Lockie, says in regard to arsenic as a cardiac stimulant, that it is believed to be a valuable adjunct to digitalis, in ordinary valvular disease of the heart, where there is failure of compensation, with its consequent results. Further, it seems to be of great value even in fatty degeneration of the heart though that is one of the results of feeding animals with arsenical preparations.

This is pure homœopathy, a splendid illustration. And yet Dr. Lockie doesn't dream of the *how* of the cure, and so calls the arsenic a "cardiac stimulant." Homœopaths know that *Ars.* in 1,000,000th of a grain-doses will cure fatty degeneration of the heart, and for the very and only reason that in larger doses often repeated, it will produce fatty degeneration of that organ.

NATURAL HISTORY OF THE TAPE-WORM.—Measles in the hog is the encysted stage of the *Tænia Solium*. Measly flesh being eaten, the little cysts, which consist of the future head of the mature animal, inverted, escape from the sacs within the stomach, unless previously destroyed by cooking, and attach themselves by their armed heads to the intestinal walls. From this head are developed, one after another, the joints which make up the body of the tape-worm. The first formed or oldest joints, when sexually mature, escape from the intestinal canal, and, being eaten by swine, the ova they contain are set free. During digestion the egg shells are dissolved, and the minute embryos find their way into the tissues again, forming measly pork. In this stage the tape-worm is called *Cysticercus cellulosæ*.—*Am. Naturalist*.

THE ST. LOUIS CLINICAL REVIEW

PHILO G. VALENTINE, A. M., M. D., EDITOR.

VOLUME III St. Louis, DECEMBER 15, 1880. NUMBER 10.

TYING THE CORD.

BY J. C. SANDERS, M.D., CLEVELAND, O.

To tie or not to tie the cord of the neonatus, that is the question upon which hangs the discussion of this paper.

Recently there has arisen a doubt on this subject hitherto regarded settled, and from this doubt has sprung a practice which contravenes all the teachings of the past, and well deserves the consideration of this body.

Preliminary to the main discussion, I will ask attention briefly to the cutting of the cord.

All agree that the cord should be severed, and at a safe distance from the abdominal front of the child, and to secure this safely, the distance should not be less than two and one-half inches, nor should it much exceed this distance as it would only add cumbrousness to the retained portion. There is no evidence that the cord has sensibility, and therefore, though we first cut at a greater distance than this average, it can be trimmed back subsequently, before or at the time of the dressing. This is to be avoided, however, especially by the tyro, as it would impress the nurse or helper that there had been some carelessness or lack of proper heed in the first cutting.

There is something to be considered in the character of the instrument by which the cord is severed. This is usu-

ally furnished ready for the occasion as a part of the paraphernalia of the little one's toilet, and is generally the best pair of scissors or shears the house affords. Some doctors go armed with this weapon as is the practice of dry goods clerks. The point in the matter is this, shall we cut with a sharp or a dull instrument, with a keen or haggling edge of blade. In short, shall we cut with a keen, sharp instrument or grind the cord off with a dull one, or use for the purpose an *ecraseur*?

If we ligate the cord it is immaterial whether the instrument is sharp or dull except as to convenience of use, but if we do not ligate, the question is a significant one. If the rule that is to govern shall be not to ligate, then surely the duller the blade the better, the more haggling its cutting edge the more it would approach the *ecraseur*, which would be the ideal instrument for this operation, as it most nearly copies nature's mode of the cord's division in the dumb beast, which, by its intuition, is taught to grind the cord of its new born off by act of biting. If this rule is to reign let us have a small novel *ecraseur* manufactured and made the part of every obstetric outfit, and the cord never severed except by its use.

We come now to the main question, tying or ligating the cord. It may be safely asserted, I think, that from time immemorial the practice of obstetricians and midwives has been to ligate the cord incident to its cutting. Shall this old rule continue to prevail, or shall we adopt the modern suggestion and decline to ligate, cut how we may. This surely is an eminently practical question and not unworthy our attention.

My practice and teachings may be expressed in these propositions: first, it is necessary to save, in some cases, from serious and fatal hemorrhage; second, it is always prudent; third, it contributes to the cleanliness and comfort of the first and subsequent toilets; fourth, it is harmless of evil.

We will consider these briefly in their order: First, it is sometimes a necessity to save from serious or fatal hemorrhage. Why not? What are the vessels cut on excision of the ~~cord~~. The vessels are one vein and two arteries. The

vein by reason of being an affluent vessel with its current towards the heart of child furnishes no source of peril to child from being untied. This we would no more ligate so far as safety as to blood loss is concerned than we would tie the veins in an amputation. The vessels with which we are now concerned are the arteries. These, with the vein, are supported only by a loose, flabby, unsensitive, loosely contractile cellular tissue, if there is besides a muscular tissue it is very delicate, and enveloped by the likewise non-contractile structure of the amniotic and chorionic membranes. Indeed there is in the structure of the cord no firmly environing, contractile tissues in which the severed ends of the arteries may retract and bury themselves, and thus secure occlusion of their orifices. These arteries come directly off from the internal iliacs and are larger than arteries, which in amputation of arm or thigh any prudent surgeon would leave without ligature or torsion. Apart from any reasoning from the nature and conditions of the vessels and surrounding tissues which are cut in severing the cord, in support of the affirmation which we here make, that their orifices may bleed, we have the practical fact that they do bleed, sometimes seriously and sometimes fatally. In the history of my own experience I have known three cases of serious loss even when a ligature had been applied; the ligature in each case was ordinary bobbin instead of cotton or silk cord. The bobbin in furnishing flat and broader surface of compression failed to occlude the vessels sufficiently. These babes in these instances were hearty and healthy, their respiration perfectly established, and they were kindly and tenderly cared for by experienced and intelligent nurses. The hemorrhage was primary, occurring in each case within an hour after ligation, and the ligature was not applied until the respiratory circulation had become well established, as this was always my practice. The loss in two of the cases was so great as to blanch out and make limpid the little ones, and in the other one the loss was even to syncope, though not fatal. These were not cases by any means of depraved blood stasis, or dyscratic, or under the ban of a hemorrhagic diathesis. The children were sound,

plump, firm and hearty babes, of healthy parentage, and when handed over to the nurse were in prime condition. Besides, a second ligation with a firm, fine strand of stout thread put an arrest on all further loss. I am as confident as I can be of anything not absolutely positive, that each one of these cases would have proved fatal but for an opportune second ligation. But my experience with bleeding cords is by no means limited to these three cases. I have seen cords bleed an amount, again and again, starting both to the nurse and myself, and because promptly arrested by a firmer ligation did not exert any especially damaging effect upon the little victim. I am cognizant besides of a case of recent occurrence in this city where a stout, healthy babe bled to death from an unligated cord. The evidence was indisputable and overwhelming.

Face to face with such experiences and facts as these, I am forced to the conviction that the old practice is the better practice; that the modern suggestion is freighted with peril and if generally adopted will prove the needless sacrifice of many a babe to which otherwise life would be possible.

As for me I want no future Rachel weeping for her children and mourning because they are not, through any teaching of mine by voice or pen. I had rather save a life even by excess of prudence than sacrifice it by a bold innovation. I am free to assert that to leave the cord unligated when severed by the ordinary and common scissors, or any instrument of sharp cutting edge, is a culpable adventure and a criminal, because a wilful, neglect, warranted by no proven fact in the status or condition of the new born child.

Second, the ligation of the cord is always prudent. This proposition is but a corollary from that which precedes. If in the nature of things there is no natural bar to blood waste from the severed cord, and if by observation and experience it is verified that hemorrhage may occur or is liable to occur, and does sometimes occur, not seriously alone, but even fatally, then surely a ligature is the dictate of a prudent judgment. If in some cases it is an absolute and necessary safety it rightly may be adjudged prudent in all.

Third, it contributes to the cleanliness and comfort of the first and subsequent toilets. To protect the little one's body surface and its new and renewed garments from the inevitable dribble and drizzle of an untied cord is alone motive sufficient for the ligature apart from any question of protection from danger. Believing as I do that the obstetrician's duty is never discharged toward the child until its first toilet is made, and that however competent the nurse, this toilet should never escape his surveillance. I have had abundant opportunities to witness the soiling and untidiness of both an imperfectly ligated and wholly unligated cord, the necessity of stripping, rewashing and readjusting of garments, until I am satisfied that there is abundant motive for the ligature, if only to render this and subsequent toilets neat and tidy.

Fourth. It is harmless of evil or injury to the child. This proposition might rest alone on the simple axiomatic truth that nature is conservative and holds the ægis of protection over the delicate mechanism and life of the new born. But the simple, marvelous provision for the transition from foetal to respiratory circulation puts under this proposition a sure foundation. From a careful examination of this wonderful provision I am free to deny that there is any warrant in the anatomy or physiology of the foetus or the new born child for the affirmation of those who oppose ligation that the ligature entails "the danger of portal congestion and engorgement of the liver." Will these non-ligation advocates please answer where the blood comes from, and by what channel does it flow, by which the portal and hepatic centers are so endangered? It can't be surely what little there is at the moment of incision in the umbilical vein between the cut end of the cord and the edge of the liver, and yet I know of no other source. If this be the only source, is it sufficient to endanger the liver and portal center?

It is an affluent vessel whose current is toward the liver, as anatomy teaches, but it can do no more than empty itself, and cannot refill from any source, and this small quantity is the same blood, right from the placenta, which the liver was designed and made to receive, and up to this

moment has required for the maintenance of its extraordinary nutrition and growth. But is there no provision for this residual quantity of blood so freighted with danger to the portal center? What does physiology teach as to this? It teaches that immediately on the first inspiratory act there is a flood-gate opened from the right ventricle through the pulmonary arteries, and a new and swift current established for all the blood on the right side of the heart toward the capillaries of this vast expanse of lung surface now for the first time opened and outstretched. How is it possible with this afflux through the pulmonary arteries upon the capillaries of the pulmonary cells for the ascending cava, together with the liver, not at once to begin to be disburdened of their accustomed fulness and pressure of blood by a quantity and tension incomparable with the small amount residual in the umbilical vein. Indeed, the umbilical vein would scarcely retain any appreciable amount with this affluent current reaching all through the liver and portal system towards the respiratory cells to secure thereby a better and a perfect arterialization by coming in contact with the oxygen of the inspired air. The idea, therefore, that the liver and portal system can incur "any danger of congestion and engorgement" by the ligation of the cord, is preposterous. How any intelligent man can give his sanction to such an idea, is passing strange. The whole idea is a ridiculous assumption.

Besides this negative result of ligation, of absolute immunity from evil, I believe there is besides another possible advantage in the closing up of the vein by its use in barring, as it must, all access of air to the current of the vein, or any possible viscous secretions gathered up from the vaginal or vulvular surfaces.

My advice and teaching, therefore, are, that to ligate the cord before or immediately after cutting, is a bounden duty on every obstetrician, and to leave the cord unligated, is an unwarranted risk, and a criminal, because an unnecessary and wilful, neglect.—*Trans. Hom. Med. Society of Ohio, 1880.*

A CORRECTION.

BY W. B. MORGAN, M. D., REPORTER.

DOCTOR VALENTINE, DEAR SIR:—In “extracts from the proceedings of the St. Louis Homoeopathic Medical Society, May 12th, 1879,” I am reported as saying that, “I have given *quinine* in 40, 50 and even 100 grains, and it produced deafness, blindness and other *grave* symptoms.” Now I am sure I never said any such thing. As an old school physician, I never prescribed quinine in doses larger than twenty grains; and not often then. My usual dose to an adult was five grains every five or six hours, until three or four doses were taken.

Sometimes ten grains were given two hours after the fever, and repeated two hours before the expected chill. *Nor did I ever produce blindness or deafness with quinine.* In my remarks I was alluding to the practice of old school physicians, a good many years ago, when they thought they could abort typhoid and yellow fever with very large doses of quinine—and spoke of a physician who was charged with giving one hundred grains of quinine at a dose to a yellow fever patient, which produced deafness and blindness. This heroic practice has long since been abandoned, as its pernicious effects were very marked in yellow fever. At the time above referred to, I was just commencing the practice of medicine, and was following the advice of old and experienced physicians. I had typhoid fever myself, and insisted on the abortive treatment being tried in my case; the good and most excellent old physician strongly objected. But I told him that one physician was a fair subject for another to experiment on—so he gave me 40 grs. *quinine* at one dose, about the third day of the fever. For twenty-four hours I perspired so that the sheets of my bed had to be removed, and at the end of the twenty-four hours I took 20 grs. more, and again perspired freely for about twenty-four hours, when the fever returned and continued for five weeks.

“My present way of treating congestive chills is to give *mercury* very often in substantial doses.” I do not give *mercury* at all in congestive chills, much less in substantial doses.

I do not remember of giving *mercury* in larger doses than the first decimal trit. since 1868. When I give *mercury* it is usually the third or sixth trituration, except *Merc. cor.* which I prefer in the 12th trit.

I was referring to my practice in the Charity Hospital in New Orleans, while treating a low form of malarial fever, where the injurious effects of large doses of *quinine* were very perceptible, and I changed the treatment, first giving 10 grs. of *calomel*, following with 10 grs. of *quinine* at intervals of about six hours (as near as I can remember at this late period). The result was, the recoveries were much more numerous than under the previous treatment.

Looking over the notes of Dr. Harris' case, as reported in your journal of November 15, 1880, I am inclined to doubt its having been a case of congestive fever. It might have been a case of rheumatism of the brain, or more likely inflammation of the meninges or substance of the brain itself. I think convulsions are rare in pernicious fevers. Da Costa speaking of the complications of rheumatism, mentions cerebro-spinal disturbances exhibiting themselves by headache, violent delirium, convulsions and coma, and often associated with very high temperature.

In rheumatic fever cerebral symptoms occasionally arise which may be referred to inflammation of the brain, or which, by their prominence, may mislead the practitioner, causing him to regard the signs of the rheumatism as of little importance, if indeed he does not wholly overlook them. And the morbid manifestations are very much like those of acute meningitis; restlessness, headache and violent delirium, succeeded by coma. The delirium is commonly of gradual approach, but it may come on suddenly.

In congestion of the brain, the abnormal state of the brain manifests itself either by coma, or by delirium. In the former case, there is usually preceding stupor with occasional delirium; the pulse is slow and full; the face dull, and either flushed or livid. When, on the other hand, delirium is marked; we have much the same morbid phenomena as in acute meningitis. He may die in this state without coma supervening; but a comatose condition generally succeeds rapidly to the fierce excitement. Should

recovery take place, the delirium gradually ceases. He divides congestive fever into *gastro-enteric*, *thoracic*, *cerebral* and *algid* varieties. The latter is not often seen in this country—common in Corsica and Algeria. The symptoms above quoted are from the cerebral variety.

As our Homœopathic books are very deficient in diagnosis, I will quote from Watson for the benefit of those who have no recourse to old school authorities:

“Congestive fever is marked by a diminished temperature and decreased sensibility of the whole surface of the body, the skin being at the same time soft, contracted, and often clammy, or wet with a copious perspiration.

“When a partial reaction takes place the heat is never considerable, and it is often confined to particular parts of the surface. There are considerable and universal lassitude and debility; the head is confused and affected with vertigo, and sometimes with a deep-seated pain, or a sensation of oppressive weight or tension; the eyes are heavy, suffused and dull; the countenance is haggard, and the face pale, and of a dingy, muddy appearance; the pulse is small, frequent and indolent, or struggling, compressible and variable; the tone of the voice is often changed, the articulation being slow and drawling, or imperfect and stammering. The respiration is anxious and laborious, with frequent sighing. The tongue exhibits, at first, but little change, but soon becomes dark-brown or black, especially in those cases in which the earlier stages of the disease have been marked by some degree of excitement.

“The stomach is occasionally irritable, the bowels are torpid, and when stools are procured, they are dark-colored and offensive, and often attended with tormina and tenesmus. The mind is generally dull, indifferent or confused from the commencement of the attack, and, in the progress of the disease, sinks into a state of more or less complete stupor, or of low muttering delirium.

“The remissions of the fever in the congestive form are not well marked, or rather, there is an entire absence of the febrile exacerbations and remissions, the phenomena of the disease presenting but little other change than a rapid or gradual augmentation in intensity. In fatal cases, death,

which may take place between the fifth and fifteenth days, or even later, is often preceded by hiccough, *subsultus tendinum*, involuntary stools, hemorrhage from the stomach or bowels, *petechiæ*, etc. In the more violent attacks of congestive fever, (algid variety) the system seems, to use the words of Dr. Dickson, to sink at once prostrate before the invasion or exacerbation, which can scarcely at times be called febrile. Reaction does not take place, or very feebly, if at all. The skin is cold, and covered with a clammy sweat, as in the collapse of cholera; the pulse is weak and fluttering; the stomach is very irritable, with frequent and painful, but usually ineffectual, efforts to vomit; the countenance is shrunk, and pale or livid; there is often low muttering delirium, with shivering and fainting. In some cases no complaint is made, a lethargic insensibility seeming to oppress the patient; in others, the most extreme anguish is endured by the miserable sufferer, who, in his agony, often utters groans or loud cries. The vital powers are speedily and irrecoverably exhausted by the recurrence of a few such exacerbations, although the remissions in this class of cases are usually well defined and full of transient relief and hope. The third, fourth or fifth return of the train of symptoms delineated, for the most part, puts an end to the distressing scene."

Hoping that *good*, instead of *evil*, will result from the aforesaid errors, I remain,

Yours truly,

J. C. CUMMINGS, M.D.

PROF. LUCKE, of Strasburg, in removing a tumor of the neck, found it closely embracing the pneumo-gastric nerve, a piece of which, twelve centimetres long, was removed with the morbid growth. During section of the nerve disturbances of pulse or respiration were not noticeable, nor did any serious change follow. Sometime afterwards the breathing was easily excited; otherwise it was normal.

EUREKA SPRINGS, ARK.

BY PROF. JOHN W. THRAILKILL, M. D.

EDITOR OF THE AMERICAN MEDICAL JOURNAL:—The medical profession ought to interest themselves in the subject of mineral springs. If they do not the general public will get ahead of them in this matter, for there are too many invalids restored to health at the various watering places, so called, for the public not to take a deep interest in the matter. But it is not my intention to discuss mineral springs in general in this communication, but to say something about Eureka Springs in particular. Most of the doctors, the "regulars" in particular, are opposed to mineral springs *in toto*, because, perhaps, they serve to carry away patients and thereby diminish income; therefore these gentlemen decry the curative springs as humbugs and all who go to them as lacking in some essential mental faculty. Gentlemen, this will not do. Your position in this matter is wrong—wrong in public estimation and will not pay. When the bed-ridden invalid, who has been under your special care and attention "from time immemorial," hears of the wonderful cures wrought by the waters of these springs, and musters up courage, fortitude and money to make a journey there, and stay a few weeks or months, and returns home, sound and well, how ridiculous it makes you with all your learning and curative arts. Why not inspire and help the poor mortal by telling him (a simple truth) that these springs are possessed of many curative virtues, and that they often restore the afflicted to health, after the most skilful doctors have exhausted every resource in vain. Whether the doctors advise it or not, those afflicted with intractable chronic complaints will visit mineral springs, and the doctor, if he would maintain his prestige and influence, should be sufficiently intelligent upon such matters, to be able to give his patients, who may desire to try the effects of a watering place, sound advice.

Eureka Springs is rapidly becoming the most popular watering place in the West. The town, although a little more than a year old, has a permanent population of, per-

haps five thousand, and a floating ditto of as many more, a phenomena which, I believe has never been equaled before in the case of a mineral spring. There is nothing to invite people to come here into these mountains, and build up a town, but the uncommon medicinal virtues of the waters of these springs—that alone has brought fifty thousand visiting people here this year; and still they are coming.

Within a radius of a mile there are about twenty springs, the waters of all of which perhaps, possess similar virtues, but the reputation of the main Eureka Spring is the best established. The question which is so commonly asked is, upon what does the curative virtue of the water depend? All the answers that have yet been given to this question, are mere opinions and hypotheses, and are worth nothing. The water is remarkably pure and good to drink. The mineral ingredients in it are what are common to most spring waters everywhere, only in smaller amount. The chemical analysis of the water have taught us nothing but the quantity of minerals and gases present in it, and there is no evidence that these give it any of its curative properties. The public and the medical profession, especially, have set too high a value on a chemical analysis of the water of these, and perhaps on other mineral springs. The chemist cannot by his art determine the medicinal properties of anything. The only means we have of determining these properties is by actual experiments upon living beings. When we find a rare herb which we suspect to have medicinal virtue, we do not go to the chemist to have it analyzed, but we prepare it and give it to an animal or man and watch the effects of it upon the living economy. The chemist could only tell us how much carbon, hydrogen, nitrogen, oxygen, alkalis, resin, etc., it contained, which information would leave us entirely ignorant of its medicinal value. We know that all spring waters are not alike in their effects upon the life and health of man: that a "change of water" is often recommended by physicians, to the great benefit of the sick. Can the chemist detect these subtle differences? Not at all, except in a few marked cases, where the virtue of the water depends upon the quantity of iron, sulphur, etc., it contains.

What uncommon effect does the Eureka water have upon those who come here, is a legitimate question, and which can be partially, at least, answered to our satisfaction. There are, doubtless, occult changes in the living economy produced by it which we cannot appreciate only in the general result upon the health.

First—Upon the bowels. According to my observation, about seventy-five per cent. of those who come to these springs are affected by a looseness of the bowels, varying in the time of its appearance, after their arrival, from twenty-four hours to ten days. This laxative effect varies greatly in different individuals. With some it amounts to quite a diarrhoea, lasting two or three days. But is painless, producing little or no debility, and rarely requires checking medicine. After this looseness subsides it is not succeeded by constipation, but regular, healthy, soft actions are maintained. It is this free and easy action or the alvine evacuations that proves so successful in the removal of piles; many of apparently the most desperate cases of the malady having yielded to the use of the water alone. And it may be that this laxative effect of the water is instrumental in the cure of a great many other complaints.

Second—Upon the appetite. There are many people who, even in ordinary health, never enjoy food as they should. They eat as a matter of habit and not of pleasure. If such would come to these springs they would soon find a new source of enjoyment in an appetite—a habitual appetite that makes it a grand pleasure to eat. The constant free and easy movement of the bowels prevents the food, even when eaten in large quantities, from producing that oppression and stupor which it so often does under less favorable conditions.

Third—Upon the mucus membranes. These waters have proved more successful in curing diseases situated in the mucus membranes than perhaps any other part of the system. Chronic inflammation and ulceration of mucus membranes yield to the use of the water, in some cases, with astonishing rapidity. Chronic nasal, pharyngeal, bronchial, laryngeal, gastric and vessical catarrhs are among

the most numerous cases cured here. The place is destined to become a great resort for dyspeptics. Many cases of dyspepsia are relieved here as if by magic. I have been ashamed of the paucity of my curative arts whilst observing these cases recover so quickly by the use of the water.

Fourth.—Upon the glandular system. All who use the water agree that the urine is increased by it. But there is one thing that should be taken into account in this matter; that is, that nearly everybody on coming here drink a great deal more water than they were accustomed to at home, and this fact accounts for the popular belief that it acts vigorously on the kidneys. I am satisfied, however, that the water has a diuretic action which is not common to all water. Its curative effects in Bright's disease, and dropsies, dependent upon deficient action of the kidneys, evinces its diuretic properties. I have had no cases of diabetes under my observation since I have been here. The action of the water upon the liver has not been so well established. I have had under my observation several cases of old hepatic disease (the exact pathological condition of which could not always be made out), and I have yet to see a case of the kind which has been much benefited. Further observation is needed in this matter, to enable me to determine the truth.

Fifth.—Upon the tegmentary system. The water has attained some notoriety as a cure for skin diseases, but I have no direct testimony upon that subject. It is not unfrequent to see persons who have recently come here have eruptions break out on the skin, but they are gone in a few days. The water is excellent for bathing and cleansing the skin. One of the most remarkable properties of the water is evinced in its effects in restoring lost hair. Quite a number of bald persons have had their hair restored by bathing the head in the water. Ulcers wherever found, are stimulated to heal by bathing therein. There are cases enough of old ulcers here to satisfy the most craving medical student. The effect of the water in diseases of the eye I will have to speak of at some other time, as my article is growing too long.

Sixth.—Upon the blood fluids of the body. The blood

is purified and maintained in a healthy condition by the several emunctories or outlets for the morbid accumulations which are constantly arising in the system. The kidneys, skin, bowels and lungs constitute these outlets. Water is the most nearly a universal solvent in nature. It is used by those who come here to get the benefit of these Springs in more than ordinary quantities. The water being pure, it readily filters through all the tissues of the body, and literally washes out the impurities from them carrying these out through the kidneys, bowels and skin. Rheumatism is one of the diseases which these Springs are becoming famous for the cure of, and I cannot account for how the water cures this complaint, if the above reasoning does not explain it. Many cases of paralysis have been benefitted and some cured by the use of these waters.

A POSITIVE SIGN OF PREGNANCY DURING THE FIRST THREE MONTHS.

The *Detroit Lancet* contains an article under the above title, in which Dr. Carstens, of that city, refers to this "sign" in the following terms:

"The difficulty of diagnosing pregnancy during the earlier months is well known, and a positive and unfailing sign would be of great value. Reading in a late number of the 'American Journal of Obstetrics' of a discussion, which took place in the Boston Obstetrical Society on this subject, and finding no mention made there, nor in the text books in general use, of a positive sign on which I have always relied, and which, in my experience, never failed to enable me to make a diagnosis, it occurred to me to call your attention to this question. I was under the impression that it was a new, not heretofore described sign, but looking over the literature of obstetrics, I find that it has been mentioned years ago by Jacquemier and Kluege, but it seems to have fallen into oblivion, and is not mentioned in the ordinary text books.

"I refer to the color of the mucus membrane of the vagina and cervix uteri. This, I have always found of a purplish blue, or rather deep violet hue in pregnant women, and I have depended on this peculiar color in making a diagnosis of pregnancy in the first, second and third month. I say it has never failed, and it is not produced by any pathological condition; the different colors produced by uterine diseases cannot be mistaken for this pathognomonic violet hue. I have often called the attention of students to this sign, and in dispensary practice it has repeatedly occurred that women under my treatment of uterine diseases, have not attended for six or eight weeks, and hastily placing them on a table without inquiring about their last menstruation, I introduced a speculum, and was on the point of introducing a probe, or making an application to the uterus, when behold, there was the characteristic color. I desisted from further interference, and in every case which I could keep under observation the women were afterwards delivered at full term, or had a miscarriage.

"I have also been prompted to write this paper on account of a lady under my observation, which puzzled me and the other physicians called, the details of which I shall write up some other time."

"The case was very peculiar, a woman under my treatment for endometritis and subinvolution. During the course of the treatment menstruation ceased, she claimed she was pregnant, but as I had applied various remedies to the mucus membrane up to the very fundus of the uterus, and continued to do so for some months, I insisted that she was not pregnant, and that it was impossible for her to be so. This continued for about five months, she still claiming one thing and I denying it. Well, this woman had the peculiar violet discoloration, and I often asked myself the question, 'Here is a case with the peculiar, and in your opinion, pathognomonic sign of pregnancy, and you say she is not in the family-way, how is this?' The vision of some day writing an article of value for the 'American Journal of Obstetrics' suddenly vanished.

"'Here,' I said to myself, 'is a case with the deep vio-

let hue of the mucus membrane, she has other signs of pregnancy, but she is not pregnant, for you pass your probe readily to the fundus, your sign is not infallible.' But it occurred to me that it might be a case of tubal or extra-uterine pregnancy, and I watched the case with great interest. One day I was called in haste. Imagine my feelings when arriving at the bedside, I found between the thighs of the woman a five months dead foetus with the placenta still inside of the uterus. How unsatisfactory the case was otherwise, it, however, has strengthened my now unflinching faith in the sure sign of pregnancy—the violet hue of the mucous membrane of the genital organs.

"It has been claimed by some that this color of the mucous membrane is found in various pathological states. I claim that the discoloration in the latter case is different from that found during pregnancy; it is more blue and scarlet, mixed or mottled, nor is the peculiar soft velvety condition of the membrane present. I can simply call it violet. It must be seen, and then will never be forgotten. It is probably caused by engorgement of the veins.

"All I ask is that this sign be again looked for and submitted to a rigid investigation, and I am sure the verdict will be that it is the only sure sign we have at present to diagnose pregnancy from the first few weeks up to the fourth month. It has never failed me; I have often staked my reputation on it; but when I failed to heed the warning color, I came to grief."

ANTISEPTIC SURGERY.

The researches of MM. Gosselin and Bergeron on the mode of action of the antiseptic substances employed in dressing wounds have revealed the fact that blood putrefies more quickly when in contact with carbolic acid than when it is in contact with undiluted alcohol. Hence arises the question whether it is the acid or alcohol that is the true antiseptic. The experimentors are of the opinion that the concurrence of the two substances are useful, the acid to destroy the germs, whilst the alcohol induces coagulation of the blood, and consequently its relative imputrescibility.

ST. LOUIS MED. SOCIETY PROCEEDINGS.

APRIL 12, 1880.

The essayist not yet having arrived, Dr. Campbell spoke of prevailing eye troubles, as follows:

There is a peculiar epidemic of eye troubles of which I have had some twelve or fifteen cases within the last few days. The eyes become inflamed and stopped up with mucus. Whether the disease is the result of the peculiar weather, or the lime-stone dust in the air, I cannot say. The cases seem to yield readily to *puls.* and *bell.*

Cold days aggravate ear troubles, but why they should cause inflamed eyes I do not know. During the prevalence of measles the eyes of some children, who do not have them, become irritable.

DR. RICHARDSON.—What do you call the disease you have mentioned?

DR. CAMPBELL.—Conjunctivitis; it is more than hyperæmia.

DR. RICHARDSON.—Do you use any local application?

DR. CAMPBELL.—If the cases are bad I use my favorite unguent warm. I seldom use poultices; if there is corneal inflammation they are fatal to the sight. One of the students has been and is suffering from corneal inflammation. I have no doubt but what a poultice would have destroyed her eye.

ACTIVE CEREBRAL CONGESTION.

DR. KERSHAW, the essayist, having arrived, he spoke as follows, on Active Cerebral Congestion;

Of Cerebral Congestion there are two kinds, *active* and *passive*, of which the active is the most common. There are three varieties, *apoplectic*, *epileptic* and *maniacal*.

General symptoms are sleeplessness, from too much blood in the brain, throbbing headache, with a sensation as of a band around the head. There is mental derangement, manifested by confusion in thinking, or loss of memory of words, or places, or persons, by hallucinations, illusions, and delusions. The patient becomes irritable, fretful, suspicious; he hears humming in his ears, or shot-like reports, and has vertigo, flashes of light before his eyes, and photophobia.

On examination with the ophthalmoscope the retinal vessels appear enlarged. The pupils are contracted and eyes are painful. The face is flushed and there may be epistaxis. There may be hemiparesis with anæsthesia, as shown by impairment of motive power, and tingling sensation in one or both limbs of one side of the body. Speech is thick and indistinct, labials and linguals being especially difficult to manage. The pulse is slow and full, digestion is imperfect; the bowels become constipated, and the urine scanty.

The Apoplectic Variety: The preceding general symptoms may continue, and the first or *apoplectic* variety be developed. The patient will suddenly stagger, lose consciousness and fall. The loss of consciousness is not complete, and lasts but a few minutes or hours. There will be paresis, not actual paralysis. Breathing will be slow and heavy but not stertorous; pulse slow and full. Light noise or pinching of the skin will partly arouse the patient. He may answer a question if asked in a loud tone. This condition passes away slowly, and a dullness remains for several days. The paresis gradually disappears.

The Epileptic Form.—The onset of the *epileptic* form is like that of epilepsy, except that there is no aura nor cry. There are convulsions with or without paralysis. The stupor is not as profound as that of epilepsy and the attacks never occur during sleep. If an old person, a severe attack may be fatal.

The Maniacal Form.—The maniacal variety is like acute mania with delirium, red-hot face and head, and suffusion of eyes. The patient becomes violent, inordinately active, very irritable, has illusions, hallucinations, and delusions. He is like the subject of *impulsive insanity*, and is apt to do violence, such as homicide or suicide. Stupor follows the attacks. All three varieties may pass off with a stupor or may result in effusion, softening and abscess.

Among the causes are very hot and very cold weather—especially the latter—overwork and the excessive use of drugs, such as *belladonna*, *quinine*, *opium* and *alcohol*.

Diagnosis.—The following tables as I have arranged them, may assist somewhat in distinguishing this affection from others presenting simular symptoms:

CEREBRAL CONGESTION.

Loss of intelligence not profound.
Slight loss of motion and sensation.

Paralysis seldom confined to one side of the body.

No stertorous breathing.

Symptoms pass off in a short time—comparatively speaking.

CEREBRAL CONGESTION.

Pulse and respirations regular and deep.

General heat of head.

Symptoms pass away quickly.

Some premonitory symptoms.
Recovery usually complete.

May be associated with cardiac disease, but not necessarily so.

CEREBRAL CONGESTION

Comparatively rapid onset.

Paralysis gradually improves.

No special aphasic symptoms.

Gradually gets better.

CEREBRAL CONGESTION.

No necessary relation to disease of the kidneys.

Convulsions not very common.
No dropsical symptoms.

Albuminaria not necessarily a part of this trouble.

CEREBRAL CONGESTION.

No previous history of brain disease.

Staggers and falls slowly.

Not entirely unconscious.

No special premonitory symptoms.

No premonitory cry.

No injury to the tongue during any stage of the disease.

CEREBRAL CONGESTION.

Insomnia.

Contraction of pupils.

Flushed face.

Pulse full and strong.

Strongly acting heart.

Cephalalgia of a throbbing character.

General heat of the skin.

The headache is due to cerebral hyperæmia.

CEREBRAL HEMORRHAGE.

Profoundly unconscious.

Marked paralysis and loss of sensation.

Hemiplegia usually marked.

Always present.

Symptoms rapidly get worse or pass away very gradually, and even then seldom disappear entirely.

CEREBRAL EMBOLISM.

Pulse and respirations fast and irregular.

None at all, or confined to one spot.

Symptoms apt to continue indefinitely.

None observed.

Recovery seldom complete.

Frequently associated with endocarditis, disease of mitral and semilunar valves and rheumatism.

THROMBOSIS.

Onset usually slow.

Paralysis gradually grows worse.

Aphasia frequently observed:

Gradually gets worse.

URÆMIA.

Kidney disease the primary cause of the cerebral symptoms.

Repeated convulsions and coma.

Swelling of face and limbs marked symptoms.

Albuminaria a constant condition.

EPILEPSY.

Usually a history of this or some other nervous trouble.

Drops suddenly.

Totally unconscious.

Aura epileptica observed in numerous instances.

The epileptic cry usually precedes an attack of *grande mal*.

The tongue is usually bitten.

CEREBRAL ANÆMIA.

Disposition to sleep.

Dilatation of pupils.

Pale face.

Pulse quick, irregular and feeble.

Feebleness with palpitation.

Sense of confusion, vertigo and fainting.

Chilliness a marked feature of this complaint.

Neuralgia is a common manifestation of this trouble.

PROGNOSIS.

The prognosis is ordinarily good in patients of good constitution and good habits. The apoplectic form is most dangerous. One attack predisposes to another.

TREATMENT:—Elevate the head and loosen the clothes. Ice to the head benefits some cases, while hot water does others. Heat should be applied to the feet. The galvanic current may be applied to the brain, to cause contraction of cerebral vessels. The patient should live well, and take proper exercise to prevent recurrence.

Belladonna is applicable to the apoplectic forms. *Hyoscyamus* is to the apoplectic and maniacal. The *hyoscyamus* patient is more furious and manifests great sexual excitement.

It is a remedy not sufficiently understood. *Chamomilla* is especially good in cases where there is great irritability and sensitiveness; *stram* where there is a desire to run away as if frightened; *coffea* to the milder forms, where there is no more than hyperæmia; *acon.* where there is headache, fever, thirst and fear of death; *nux vomica* to brain workers; *glonoin* where there is reflex irritation, and *veratrum* to cases of greatest intensity, where there are convulsions, chorea, paralysis and anæsthesia.

DR. SANBORN: I would like to know the effect of anæsthetics in cerebral congestion.

DR. KERSHAW: I have had no experience with them. never saw a case where I thought they were required.

DR. CUMMINGS: Congestion may extend to coma. It is difficult to determine the cause in a case of coma, especially if there is no history. Here the thermometer is of no value. Dr. W. Macewan states that in coma from drunkenness the temperature is lower than normal, and that it is also below normal in a fracture of the skull, from opium poisoning, and apoplexy.—*Braithwaite's Ret.*, v P LXXIX, page 78.

DR. CAMPBELL: This matter of contraction and dilatation of the pupil is little understood, though so much is said about it. By considering the cause it may be better explained. The third nerve supplies the muscles which

contract the pupil, and the sympathetic those which dilate it. So the location of the congestion or irritation determines whether the pupil will contract or dilate. Congestion of the brain may cause either condition. Congestion, to occasion loss of memory of words, must be in the right region.

DR. KERSHAW: Certainly. Aphasia may result from a variety of causes—congestion, embolism, thrombosis or hemorrhage—and must effect pressure in the vicinity of the island of Reil, markedly on the left side.

DR. RICHARDSON: I would like to have Dr. Kershaw tell us what he means by embolism, thrombosis and cerebral hemorrhage.

DR. KERSHAW: *Thrombosis* is that condition arising from a gradual accretion of particles of fibrin or other substance on the wall of a vessel until the circulation is stopped and the activity of the part beyond is impaired or lost. *Embolism* is that condition arising from a sudden stoppage of the circulation by the lodgment of a clot in a vessel. By *cerebral hemorrhage*, or apoplexy, properly speaking, we mean that blood has escaped from a vessel onto or into the substance of the brain. The effects of thrombosis appears gradually while those of embolism come on suddenly, and are more frequent in people having heart disease. The effects of hemorrhage appear suddenly, but not so much so as those of embolism.

DR. PARSONS: A question has been asked concerning the use of anæsthetics during cerebral congestion. I have never known of their being given, but as I was about to trephine a patient suffering with epilepsy from depressed bone, as I supposed, I gave *chloroform*. The result was the most terrible convulsion I ever saw. It lasted fully ten minutes, and it was half an hour before the patient rallied. The stertor was the deepest I ever heard, the pupils were dilated, the pulse and breathing were very slow, the face dark red, and I thought the patient would surely die; but he finally rallied. I operated and the epilepsy was cured. This is the only instance where I have seen the effect of an anæsthetic in epilepsy. They are sometimes given in puerperal convulsions with benefit. Anæsthetics,

especially *chloroform*, produce congestion of the brain, and are contraindicated during its existence.

We have congestion of the brain from the exanthemata and from intestinal irritations. What is the treatment? I have never relied exclusively on internal remedies. Topical applications are most important, and friends are not satisfied unless they are used. I used to apply cold water, but lately I have used hot. I never blister nor bleed, but sometimes put a mustard plaster on the body. Sometimes a change from cold to hot, and *vice versa*, produce benefit when neither alone would. Again, there are cases of congestion that last for days and weeks in spite of us. I would like to have Dr. Kershaw tell why we cannot relieve them.

DR. KERSHAW: In all diseases we meet with cases that do not prosper. Undoubtedly external applications palliate, but the longer I live, the more I value Homœopathic remedies; and I think they are to be especially sought out and relied on in hard cases. Many of the old cases that come to us have received all the tonics and palliatives from allopathic physicians, and come to us for a change, and in homœopathy we can frequently give them one which is beneficial to both the patient and to the school to which we belong.

SERIOUS EFFECTS FROM THE USE OF THE ASPIRATOR.

The "Medical Record" reports a case of fecal fistulæ in the anterior wall of the abdomen, following the use of the aspirator for the relief of retention of urine. The point at which the needle was introduced was midway between the pubis and umbilicus, and instead of drawing urine withdrew fecal matter. Afterward the needle was introduced lower down and the bladder emptied. The result of the first aspiration was a permanent fecal fistula. Two others formed a year afterwards.

Abscess and death are other results that have both followed closely in the wake of aspiration for retained urine, and were attributed to the failure to keep up aspiration while the needle was being withdrawn.

**NEURAL-ANALYSIS—AN INTRODUCTORY
COMMUNICATION, BY PROFESSOR DR.
GUSTAV JAEGER, OF STUTTGART.**

TRANSLATED BY DR. J. PETER FROHNE, ST. LOUIS.

GENTLEMEN OF THE ST. LOUIS SOCIETY:—I beg to call your attention to the following preliminary communication of Prof. Gustav Jaeger, of Stuttgart, in regard to "Neural-Analysis." By way of exact scientific experiment he has succeeded in establishing that the homœopathic dilutions, prepared in accordance with Hahnemann's directions, are real medicinal potencies which by no means can be attributed to fancy.

We may rejoice in this late and brilliant justification of Hahnemann, though we dare not give ourselves up to the illusion, that all empty talk shall now be silenced.

"This chemico-physiological mathematically exact method of investigation, which was discovered by me, a report of which I presented at the Nat. Phil. Convention, held at Baden-Baden last year, has since then, received further investigation from me, as well as from my three students, Messrs. Panzer, Schlichter and Goehrums, being followed by the same principal results.

1. The principal conditions upon which the preliminary physical examination depends, are now known. These are of such character that, with some practice and care, they may easily be complied with. The certainty of neural-analysis will be still more assured when the new instrument, now being constructed, is completed.

2. In regard to the penetrative power, the following has been established: An alcoholic dilution of *aconite*, given by inhalation, in all dilutions, up to the 200 x, may always and with certainty be distinguished from the pure *alcohol* with which the dilutions were made.

The highest potency gives, in comparison with *alcohol*, an increase of excitability (according to the individual) of from 18 to 36 per cent. With *thuja*^{100 x}, the increase of excitability was 44 per cent. With *nat. mur.*^{100 x}, 44.6 per cent. against that of pure *alcohol*.

3. Regarding the power of differentiation the following was manifest;

(a) The 200th potency of *aconite* and the 400th potency of *thuja* always gives clearly different neural-analytic curves (osmogram), from which we may infer the possibility of a qualitative analysis, of other homœopathic high potencies.

(b) The quality of the osmogram is independent of the quality of the inhaled fluid, and of the size of the evaporating surface.

(c) The quality and quantity of the osmogram, however, varies with the change of potency, but so gradually that two neighboring potencies cannot with certainty be differentiated. On the other hand, widely separated potencies show such clear and constant differences, and nearly related potencies, such great similarity, that, in relation to the degree of homœopathic dilution, a quantitative analysis is also possible. With the present remedies, the high, middle, and low potencies are readily distinguished from one another.

(d) Notwithstanding these changes with increasing dilution, the osmogram shows with all potencies of the same substance, some underlying agreement.

4. The differences between the osmograms of the different substances and of decidedly different dilutions of the same substance are, when compared with the differences in the osmograms of the same substance, many times greater and more striking than by any of the previous methods of exact investigation.

5. From the physiological standpoint the following results are important;

(a) The physiological action increases with the dilution up to a certain maximum. With *aconite* this maximum was found, in three persons, to be undoubtedly between the 12th and 15th potency. With one of these an almost equally high susceptibility was observed in the 30th potency, and with another in the 200th potency.

(b) This maximum may be of a most astonishing height, thus: with one person the sensitiveness to the 15th potency was 39 per cent., and with the 200th potency 36 per cent. To this was added, when the maximum was reached, other

physiological indications, such as nose-bleed, roaring in the ears, vertigo, headache.

(c) After exceeding the maximum, the physiological action sinks with the increasing dilution, though with all examined individuals it remained as great even in the highest potencies as with the lowest potencies, and especially with the tincture.

(d) The idiosyncratic differences between the four persons, as related to *aconite*, are quantitatively small, qualitatively greater. With two persons it was observed that, in consequence of indisposition, a still greater difference in the osmograms was produced, it being a well-known fact that drugs act differently, according as the person is well or sick.

From the above it follows: 1. That neural-analysis reaches far beyond, in analytical power, every other known method of investigation, even spectrum-analysis, and with it must begin a new era of exact investigation.

2. Neural-analysis advances our appreciation of the subdivision of matter even as greatly as the invention of the telescope did our appreciation of the greatness of the starry heavens.

3. The dilution of a soluble material in a liquid which develops, in the first place, a similar change in the molecular motion to that which Crookes has demonstrated in gases which have been extremely rarefied under the air-pump. I look upon this change in the molecular motion as being gained at the cost of actual heat, originating through an elevation of the latent heat, that is to say, a rotation of the molecule around its own axis (in contradistinction from the forward motion of the molecule in space), which rotation I have demonstrated as the "chemical motion." This it is which we smell and taste, and which, through neural-analysis, is measured.

4. The mathematically constant and mostly readily observed increase of the physiological action of the drug, developed through potentization, raises Homœopathy by one stroke to the rank of an exact physiologically-based method of cure, of equal birthright with Allopathy. The systematic study of Homœopathy, heretofore impossible, even in our

high schools, is now put in the light of the possible through neural-analysis, and is placed within the judgment of every man, and by neural-analysis has been made worthy a position in the universities.

More extended publications with the appropriate tracings and tables will soon be issued.

November 22, 1880.

ADDRESS.

BY H. W. TAYLOR, PRESIDENT.

Read at the 14th Annual Session of the Indiana Institute of Homœopathy, Indianapolis, Ind., May 25th, 1880.

GENTLEMEN OF THE IND. INST. OF HOMŒOPATHY:

We are not merely Homœopathic physicians, we are citizens of Indiana. We have rights and privileges guaranteed to us by our constitution, in which we should be protected by the laws of our State. Our General Assembly is elected in part by the vote of 28,000 Homœopaths. It is thus in part the legislative exponent of 140,000 Homœopathic citizens; of 28,000 Homœopathic voters, and \$140,000,000 of Homœopathic property. This General Assembly, every two years, appoints twelve medical men to positions of trust and profit within the State. Shall they continue to disfranchise these 28,000 Homœopathic voters by denying them representation in medical appointments? Shall they continue to tax these \$140,000,000 of Homœopathic property to pay the salaries of Old School appointees and to maintain the medical departments of State Institutions, from which Homœopathy is zealously excluded? Shall Indiana, scorning as she does, a State Religion, uphold a State Medicine?

The Constitution of our State declares that the General Assembly shall not grant to any citizen or class of citizens privileges or immunities which, upon the same terms, shall not belong equally to all? Shall our General Assembly, by making its appointments from one School, in defiance of the Constitution, continue to create and foster a privileged class in medicine?

AMERICAN INSTITUTE OF HOMŒOPATHY.**BUREAU OF MATERIA MEDICA, PHARMACY, AND PROVINGS.**

OFFICE OF THE CHAIRMAN, IOWA CITY, IOWA, SEP. 10, 1880.

A. C. Cowperthwaite, M.D. Ch'm.	Wm. Owens, M.D., Cincinnati.
E. A. Farrington, M.D., Phila.	E. M. Hale, M.D., Chicago.
T. F. Allen, M.D., New York.	W. J. Hawkes, M.D., Chicago.
J. Heber Smith, M.D., Melrose, Mass.	W. H. Leonard, M.D., Minneapolis.
Kate Parsons, M.D., Cleveland.	Lucius D. Morse, M.D., Memphis.
	O. S. Wood, M.D., Omaha.

DEAR DOCTOR:

Your attention is hereby directed to the plan adopted for the work of this Bureau, the present year, to be reported upon at the session of the Institute, in June, 1881.

The Bureau will pursue a systematic study of the following named drugs: CALADIUM SEGUINUM, PAPAYA VULGARIS, and VIBURNUM OPULUS.

These drugs will be studied with special relation to their (1) *History*, (2) *Pharmacology*, (3) *Toxicology*, (4) *Proving*s, (5) *Mode of Action*, (6) *Clinical Application*.

To facilitate the work of provings, each drug will be placed in the hands of a sub-committee, under whose direction the provings of that drug will be conducted. These sub-committees are constituted as follows:

CALADIUM SEGUINUM—E. A. Farrington, M.D.; T. F. Allen, M.D.; A. C. Cowperthwaite, M.D.

PAPAYA VULGARIS—E. M. Hale, M.D.; W. H. Leonard, M.D.; J. Heber Smith, M.D.; L. D. Morse, M.D.

VIBURNUM OPULUS—W. J. Hawkes, M.D.; O. S. Wood, M.D., with the invited co-operation of Prof. H. C. Allen, M.D., of Michigan University.

In addition to these committees, Miss Kate Parsons, M.D., has been selected to obtain provings of each of the above named drugs upon women.

The profession at large are cordially invited to participate in the important work of proving these remedies. Those willing to do so, and those who may be in possession of any items of information concerning the history, pathogenesis, or therapeutics of either of these drugs, are requested to communicate at once with the Chairman of

the Bureau. Reliable preparations of both Caladium and Papaya will be obtained by the Chairman direct from the Island of Jamaica, and furnished to those who signify their willingness to assist in the provings. Reliable preparations of Viburnum may be obtained at any Homœopathic pharmacy. No standard of quantity or potency has been adopted, the preparations used being left entirely to the individual preference of the prover.

Your attention is especially directed to the fact that the final reports of all provings must be in the hands of the Chairman prior to the first day of March, 1881, and *no attention will be paid to any reports arriving after that date.* This becomes necessary from the fact that such reports must be printed and in the hands of each member of the Bureau before the 15th of March, in order that they may be able to prepare from these reports their special papers as hereinafter designated.

The reports of provings in full will not be read before the Institute, but will be printed and distributed to members, and will appear in the printed transactions.

Special papers, relating to the drugs proven, will be presented for discussion, as follows:

History and Pharmacology—E. M. Hale, M.D.; J. Heber Smith, M.D.

Toxicology—L. D. Morse, M.D.; O. S. Wood, M.D.

Critical Examination of Provings—T. F. Allen, M.D.

Differential Diagnosis—E. A. Farrington, M.D.

Arrangement of Schema—A. C. Cowperthwaite, M.D.

Mode of Action—Pathogenetic and Therapeutic—Wm. Owens, M.D.; W. J. Hawkes, M.D.

Primary and Secondary Action, and Action on Genito-Urinary System—W. H. Leonard, M.D.; E. M. Hale, M.D.

Action on Female Generative System—Kate Parsons, M.D.

It is needless for me to urge upon the profession, and especially upon the members of the Bureau, the great importance of the work here undertaken, and I confidently rely upon the cordial co-operation and active assistance of every lover of a complete and pure *Materia Medica*.

Fraternally yours,

A. C. COWPERTHWAIT, Chairman.

Surgical Bureau.

In Charge of S. B. PARSONS, M. D., Surgeon.

BLOOD-CYST OF THE HUMERUS.

BY S. B. PARSONS, M. D.

The variety of this affection, the very satisfactory termination of a case not long since under my care, induces me to report it in these columns to show that amputation is not always necessary to its successful treatment, and perhaps throw some additional light on a very obscure complaint.

A. E., æt. 17, German, farmer's boy. About the middle of September, 1878, noticed a swelling in the upper third of the right humerus. He could not account for its appearance, as there was no history of any injury having been received from a blow, fall, etc., etc.

For a month before the tumor appeared he had suffered from chills and fever, for which quinine and mercury were given him *ad libitum*, but were checked just before the tumor manifested itself. It continued to grow without the slightest pain until he presented himself at my office for treatment, in July, 1879, when the following was observed:

The growth was about the size of a large sized orange; not tender, painless, hard and resisting, not unlike a fibroid—not elastic like an encephaloma—enlarged and prominent veins in the skin covering it, skin not adherent to it, and natural in color, firmly fixed to the bone, its circumference measuring seven inches longitudinally by five inches transversely. Motion at the shoulder joint is somewhat limited by reason of its mechanically obstructing the free play of the structures surrounding it, but the joint is not involved. When the forearm is flexed the biceps muscle is felt contracting behind the tumor, and the brachial artery is pushed backwards to the posterior region of the humerus. The deltoid muscle is spread out over the front of the tumor and is easily seen in action when the arm is raised at the shoulder.

His general health is not very good, complexion sallow and dingy as is usually observed in malarial patients. There are no signs of cachexia from malignant disease, nor does the family history reveal such to have existed in his progenitors.

A former surgeon had diagnosed his case as one of cancer, and advised amputation as the only remedy.

With the above history before me I did not agree with this conclusion, for the case presented none of the differential diagnostic symptoms of encephaloma, nor scirrhus, nor epithelioma, nor melanoid, nor any other malignant disease. Nor had it the signs of a scrofulous growth, nor fatty, nor the ordinary fibroid, nor abscess, nor cystic tumor. My opinion leaned toward the recurring fibroid.

The patient was sent to the Good Samaritan Hospital, and on the 5th of July, assisted by Drs. Collison, Gundelach, Comstock and Harris, I operated with all antiseptic precautions. Chloroform having been administered, I made an incision six inches long directly over the center of the tumor from above downwards, and dissected carefully until I reached the growth, then retracting the edges of the wound began to separate it from the surrounding structures with a view to its isolation, intending to remove it by chiseling off a portion of the bone to which it was attached. On reaching the inner side the thinned wall gave way and my fingers penetrated the opening into a large cavity. Finding that it was of a cystic instead of a solid nature, I split it longitudinally in front, exposing to view a cavity four inches long by three and a half wide, filled with a dark, thin blood, which did not coagulate on exposure to air. The walls consisted of a thin lamella of compact bone posteriorly, and partly on the inner and outer sides, whilst anteriorly it was formed by a thick hard connective tissue with bone scales scattered here and there throughout and embedded in its substance. The inner surface of the posterior and lateral walls was rough and appeared to be divided into small irregular depressions by elevated projections of bone, giving it somewhat of a honey-comb appearance. The medullary canal and cancellated bone tissue was entirely absent, and when the tumor was removed down to the true bone walls nothing was left

of the humerus but a thin layer of its compact structure posteriorly. The cavity was sponged clean with carbolized water, and the pure carbolic acid brushed over the remaining shell of bone. The cavity was stuffed with carbolized lint and the wound stitched. The antiseptic dressing was carefully carried out to the end, not a single unfavorable symptom appearing during the treatment, and in four weeks the patient returned home with a good arm, the cavity having become filled with a dense cicatricial tissue. He was cautioned not to use it for another month for fear osseous deposits might not go on rapidly, and a slight wrench or blow or strain was liable to snap the fragile bone at the seat of the tumor. I have since heard from him and am pleased to say that there has been no sign of its reappearance, although he has been at hard labor for over a year, using the arm constantly.

A NEW METHOD OF APPLYING PRESSURE IN TRAUMATIC ANEURISM.

Dr. R. B. Palmer, Minn. reports a case of traumatic aneurism of the lower femoral, resulting from a knife wound, in which he used a Plaster of Paris bandage to facilitate the application of pressure to the artery. A roll of course, thick Mackinaw flannel, six inches wide and long enough to envelope the thigh and lap over two inches, was soaked in a mixture of plaster, and applied to the thigh over the tumor. An opening was cut in this band directly opposite the femoral just below the profunda, where the pressure was desired. As soon as the plaster had set, a piece of cork, properly shaped and covered with chamois-skin, was pressed down upon the artery through this aperture, about an inch of the cork being allowed to project outside the band. A roller-bandage of stout elastic webbing was then applied around the thigh, outside the plaster band, and over the projecting cork compress, the tension being increased at every turn, until pulsation in the popliteal space could no longer be felt. The apparatus was allowed to remain *in situ* for twenty-four hours, with very

little inconvenience to the patient. On loosening it there was no return of pulsation, and coagulation of the contents of the tumor seemed to have taken place. In a few weeks the tumor entirely disappeared and gave the patient no further trouble. Dr. Palmer has also employed this method, with success, in treating secondary hemorrhage from gun-shot wounds and after amputations, when long continued pressure is necessary.

No doubt it will be found useful in wounds of the palmar arch, applied either directly over the arch, or on the front of the wrist over the radial or ulna, artery or both. And in injuries of the plantar vessels it may serve a useful purpose. Apply the cork near the wound or over the posterior tibial where it passes behind the internal malleolus.—*Chicago Medical Journal.*

VASELINE OR COSMOLINE.

Both titles are arbitrary; the proper name would be petroline, both being hydrocarbons obtained from the evaporation and clarification of petroleum.

Either one of them is the best cure for baldness that has ever been discovered. Simply used as an ordinary hair dressing, they, or either, will accomplish the work; while at the same time being far superior, for the latter purpose, to any other agent in use.

Vaseline is the most invaluable therapeutical agent that we possess. As a dressing, in surgical cases, its value can hardly be overestimated. As an excipient for more active agents it should, and certainly will, soon displace lard, glycerine, etc. While lard preparations become rancid, the antiseptic properties of vaseline enable it to preserve them sweet indefinitely. As an internal remedy it is excellent in nearly all throat affections, croup, pneumonia, etc.—*Med. Brief.*

Coca is recommended in delirium tremens and alcoholic tremor, in teaspoonful doses every 3 or 4 hours, until quietness is produced.

ALKALINE TREATMENT OF CANCER.

Dr. Reier, of St. Petersburg, exhibited to the Society three patients who had been treated in the above manner, as proposed by Dr. Busch. One was sixty years old, another sixty-five and the third ninety. In the first patient the disease had destroyed the left eye and orbit, superior maxilla, hard palate and nose. The treatment consists in scraping away with the curette all of the cancerous tissue, and in the systematic use of a saturated solution of soda. All three cases were of the epithelial class of cancer, and presented as evidences of the beneficial effects of this mode of treatment, it being "based upon the power of strong alkalies to dissolve the cellular elements." The explanation of the good results here shown may lie in the scraping away of the diseased tissue rather than in the direct effects of the alkaline dressings. We have accomplished the same end by scooping out with a curette epitheliomatous and lupus ulcers, and applying calendula dressings. Possibly in the worst class of cases the alkaline applications may be the best; at least, it is worth a trial.

PERINEPHRITIC ABSCESS.

The symptoms unusually begin with rigors, followed by febrile exacerbations increased at night, sharp pains in the lumbar region, constipation, very soon immobilization of the spine, a stooping forward and elevation of shoulders. After a week or ten days there are spasms of the psoas muscle. Urine of high specific gravity, clear during first and second stages and loaded with urates in the later stage, tumefaction in the ilio-costal region, deep seated aching pain, and tenderness on pressure from the beginning.

INFLUENCE OF ALCOHOLIC BATHS ON THE PERSPIRATORY FUNCTION OF THE SKIN.—Dr. Wassilieff found that if the skin be thoroughly rubbed with alcohol, hot baths induced much more profuse perspiration than if the alcohol be not first applied.

FATTY DEPOSITS ON THE HEART.

There are two varieties, fatty degeneration and fatty infiltration, both dependant on a fatty diathesis and manifestations of a general disease rather than a local disorder. The signs are, slow pulse, enlargement of the area of cardiac dullness, the fact of the individual being fleshy, a soft soufflet with the first round of the heart in the aortic area whenever the valves are affected. Fatty degeneration of the muscular fibres of the heart, give slow pulse, 50 or less to a minute, weak impulse of the heart apex, weakness of heart sound, the organ meanwhile retaining its normal size.

Two other diseases have the two latter signs, pericarditis and dilatation of the heart, but in both there is an increased area of dullness and a more or less rapid pulse. In some cases the heart sounds in fatty degeneration are distinct and rapid, but have a metallic quality, and seem distant like the foetal heart.

The nervous symptoms attending fatty heart are, dyspnoea, loss of strength, flabby condition of muscles, uneasiness or pain in the region of the heart, or diaphragm, hesitating or slow speech, and not unfrequently false apoplexy, in which the patient, without any warning, falls as though shot, and presents in more or less perfection, the ordinary symptoms of true apoplexy, the differential features being that in the former the loss of consciousness or paralysis are only temporary, disappearing in a few moments or hours, whilst in the latter they are permanent or lingering.

DR. DAVY, of London, has devised a new way of putting on the plaster of Paris jacket, in which he first places the patient in a canvas hammock just wide enough to go around the body, with his face downward, and arms protruding through slits in the canvas. Extension is then made or not as may be required, by assistants drawing from the shoulders and feet in opposite directions, and the plaster bandage applied including the canvas. When the dressing is set the surplus canvas is cut away with the scissors.—*Med. Rec.*

BLOOD STAINS.

The startling thought occurred to Dr. C. O. Curtman, of St. Louis, that there was a possibility of the transfer of human blood by predatory insects, such as mosquitoes, bed bugs, etc., he was led to make the following experiment: Mosquitoes were kept in close confinement after imbibing their fill of human blood. At different periods of time they were crushed, and the blood examined in various menstrua. In all cases, up to forty-eight hours after a meal, a large proportion of human blood corpuscles were unchanged and readily recognizable.

The size and color of mosquito blood are very different from human. As a result of more than a hundred measurements, he gives the following sizes: Human blood (after imbibition by the Mosquito) averages, in dilute *glycerine*, 1-3200 inch; in 80 per cent. *alcohol*, 1-4000 inch. Mosquito blood averages in diluted *glycerine*, 1-14000 inch; in 80 per cent. *alcohol*, 1-18000 inch. Dr. C. regrets that another prop is thus taken away from circumstantial evidence; for even if stains should be fully identified as derived from human blood, the accused may plead that they were due to the agency of insects. Later experiments prove that bed-bugs digest human blood far more rapidly than the mosquito; after twelve hours no trace of human blood being discovered.—*Medical Herald*.

OPERATION FOR INGROWING NAIL.

In the Chicago "Medical Journal and Examiner" Dr. Andrews gives the following operation as that of a chiropodist named Williard: He neither extracts the nail nor slices off the overlapping flesh, but cuts out a narrow ellipse of tissue near the nail and parallel to its border, claiming that the border itself, where it rests against the edge of the nail, has its special structure adapted to its location, and ought not to be sacrificed. The removal of the strip of flesh being accomplished, he brings the edges of the wound together with fine sutures, thus drawing the border away from the nail and effecting a cure.

6 Oz. of olive oil at bedtime, and a dose of castor oil the following morning, is one of the speediest and surest means of relieving biliary colic, by favoring the passage of calculi through the ducts.

Tincture of gelseminum, given in 5 drop doses every hour for 4 to 6 hours, is one of the best, if not the best, remedy known for the wild mania accompanying excessive indulgence in alcoholic liquors.

LUMBAR ABSCESS.

John Johnson, Swede, age twenty-five, came to see me, June 16th, 1880. He had been sick four weeks and during that time had been treated by a "regular" physician for rheumatism, lumbago, etc. I made no examination of his back at the time, but prescribed for his symptoms as I supposed, from what he said, that he was suffering from rheumatism. He presented the following symptoms: Pulse one hundred, tongue coated slightly at the tip, with a heavy coat at the base, and presented a bluish appearance, restless at night, no appetite, great thirst, but did not drink much, as he seemed to think it did not agree with him, although he wanted to drink continually; was weak and pale; his back was better from motion, he thought, but was not certain. For the great thirst, the restlessness at night and his pale appearance, I prescribed *Ars.*^{3x} and told him to call again in two days.

At the end of that time he came back and was no better. Suspecting that it was not rheumatism, I made an examination of his back, and found at the left of the spine a slight protrusion about an inch above the crest of the ilium. The pain in the back was of a throbbing character. The testicle on the left side appeared to be drawn up, and believing it then to be a lumbar abscess I gave him *Hepar. Sulph.*^{3x}. In four days from the time he was at my office last I examined his back, and by palpation I was satisfied that pus had already formed.

One week from the time I first commenced giving him medicine, I opened the abscess and got about a pint of pus. As he was getting weak I closed the opening and gave him *R. Spts. Fermenti*, oz. 4, *Quinia* grs. xxx, teaspoonful every three hours, and in two days I withdrew the balance of the contents and I believe I got nearly a quart more of pus. I kept him on the tonic for two days more and then changed to *Calc. Carb.*^{3x} and *Silicia* 6xth. in alternation, a dose every four hours. He recovered nicely, and at the present time feels no trouble in the place where the abscess was.

Helmuth says that we must not withdraw all the contents from a cavity if the patient grows weak and in danger of fainting, was my reason for not evacuating the contents all at one time.

From the position of the abscess, the symptoms altogether, I diagnosed the case as one of Lumbar Abscess. If I was mistaken I would like for some of our surgeons to correct me. The prognosis is unfavorable in lumbar abscess, and for awhile I thought my patient would pass away and leave me "alone in my glory."

EVANS, ILLS.

W. A. SMITH.

Book Reviews.

A GENERAL SYMPTOM REGISTER OF THE HOM. MATERIA MEDICA, BY T. F. ALLEN, M. D. Boericke & Tafel, 1880.—We copy S. L. in the *North American J. of H.*, and give his expressions a hearty endorsement: Hurrah, hurrah, hurrah and a tiger for our T. F. and his great and glorious work! Let those who objected to the ten volumes of the Encyclopedia also object to this Repertory, so much the worse for their Homœopathy and for their patients; the painstaking physician will thank Prof. Allen and his co-laborers for the immense work which they present to us. It would be a foolish task to review such a work, as there is nothing to review; only at the office desk it must be reviewed, day after day, and how easily every thing can be found. Thus, we looked yesterday for "clawing in the uterus," which we only found in this Register under uterus; and then our duty was to study whether *Nuxvom.* covered the majority of the symptoms of the case. We have no doubt that this Register deserves to rank as THE Repertory of our age, and that the more we use it the more we will like it.

Editor's Drawer.

To the Editor of the ST. LOUIS CLINICAL REVIEW:

How vastly our own estimate of ourselves differ from that of others, has been the theme of many a moralist. I find it illustrated in my own case in a letter that appears in your number for last October. Mr. W. John Harris—who he is and how I have offended him I have no notion—like the unfortunate man in the Arabian Nights, who, in chucking about his date stones at random, put out the eye of the genil's invisible son, I may have said or done something, I know not what, to offend your unknown correspondent. Mr. Harris, then, in the letter aforesaid, *apropos de bottes*, as I should say of St. Thomas Hospital, goes out of his way to have a little fling at yours truly.

"Let us hold fast to our own law of similars," he says, "and not 'go over' as is now so strongly advocated by many of the London Homœopaths—Dr. Dudgeon and his confreres."

The antithesis of this sentence implies that Dr. Dudgeon and his confreres—who are my confreres, by the way—all medical men are my confreres, but that can't be Mr. Harris' meaning. Well, Dr. Dudgeon and his confreres, it is implied, do not hold fast to "our law of similars," but want to "go over," which is, I suppose, Mr. Harris' mode of saying that they want to lose hold of, or throw over, or get rid of "our law of similars." If he does not mean that, what does he mean? Does he mean that "Dr. Dudgeon and his confreres," have strongly advocated going over to the enemy's camp, turning renegade to Homœopathy, like your John C. Peters and our Charles Phillips? I am not aware that I have ever advocated repudiation of the law of similars, or deserting to allopathy, so I would beg your correspondent, if he is not a phantom Mr. Harris, of kin of Sairy Gamps' Mrs. Harris, to say what are his grounds for the above accusation.

I thought I had been pretty generally known as rather a strenuous advocate for the law of Similia; at least I have written many things in that sense during my thirty-five years' editorship of the *British Journal of Homœopathy*, and as I have translated all Hahnemann's Homœopathic works except the *Chronic Diseases*, that scarcely looks as if I were a lukewarm advocate of Homœopathy. Is perhaps my advocacy of unceasing and energetic efforts to obtain our due rights as the leaders of scientific therapeutics, and to gain possession of those legal institutions of our country, from which we are at present excluded, misinterpreted, by Mr. Harris as being equivalent to a policy of going over to the enemy? If Mr. Harris knows anything about me and my doings, he must know that such an interpretation of my public conduct is inconsistent with the facts; but if, as seems probable, he knows as little about me as I know about him, perhaps it would be as well that he should wait for information before indulging in insinuations, the correctness of which he is not assured of. I say this more for his own sake than for mine, for any one who cares to know can easily know what I am and what I have been; but it must be rather awkward for Mr. Harris to find that he has been attacking some one without the slightest justification, and making imputations contrary to facts.

Yours truly, R. E. DUDGEON.

53 Montague Square, London, December 2, 1880.

Look out for squalls.

BORN to Mrs. Dr. Philo G. Valentine, on the 6th inst.—a Son.

REMOVED.—Dr. S. N. Sanders, from Frankfort, Ind. to Mattoon, Ills.

DOCTOR WANTED at Trinidad, Colo. Pop. 5,000—waterworks. Dr. Seward, who was the only Homœopath, has gone to Arizona. Address Dr. W. D. Scott, Longmont, Colo.

DR. DUDGEON'S POCKET SPHYGMOGRAPH.—A cut of this beautiful instrument has reached us from the hands of the inventor. Price, 2½ guineas, or about \$10.50. Manufactured by John Gonter, 19 Crawford st., London W., England.

DR. JOHN STOLZ has resigned the Chair of Practice in the so-called St. Louis Eclectic Medical College. He has also presented us with his *Treatise on the Five Senses*, published 1872; 122 pages. It is well written, and calculated for popular instruction and not for the professional scientist.

TWO MORE NEW JOURNALS to begin with the year: one, a quarterly, published at Quincy, Ill., by Dr. W. D. Foster, Hannibal, Mo., and Dr. O. H. Crandall, Quincy. 32 pages; double column. Subscription, 50 cents a year.

The other, a monthly, to be published in New York, and edited in Philadelphia by Dr. E. J. Lee, to be called *The Homœopathic Physician*. Terms, \$2.00. A God-send to those doctors who never pay—the d—bs.

HOMŒOPATHIC COLLEGE FREE DISPENSARY REPORT, INCLUDING SEPT., OCT. AND NOV., 1880.—Total treated to Sept., 5,800. Cases, surgical in Sept., Oct. and Nov., 526; cases, gynæcological in Sept., Oct. and Nov., 173; cases, eye and ear in Sept., Oct. and Nov., 132; cases, neurological in Sept., Oct. and Nov., 71; cases, in general med. clinic in Sept., Oct. and Nov., 1052. Grand Total to Dec., 7,775. Dr. Parsons, Surgeon; Dr. Collisson, Gynæcologist; Dr. Campbell, Oculist and Aurist; Dr. Kershaw, Neurologist; Dr. Dionysius, in charge General Clinic. All the special cases were shown to the college class, and many of the general.

THE INTERNATIONAL HOMŒOPATHIC CONVENTION IN 1881 will assemble in London on July 11, and a cordial invitation has been extended to American physicians to attend. The undersigned were appointed by the American Institute of Homœopathy a committee, with full powers to make arrangements. In order to do this in the most satisfactory manner, it is important to know the approximate number of those who will attend. By communicating at once to one of this committee the names of such physicians as now intend to go, and the number to accompany them, the work will be facilitated.

I. T. TALBOT, 66 Marlborough Street, Boston,	} Committee.
WM. TOD HELMUTH, 299 Madison Ave., N. Y.,	
BUSHROD W. JAMES, 18th and Green Streets, Phila.,	

St. Louis will be there.—(Ed.)

THE ST. LOUIS CLINICAL REVIEW

PHILO G. VALENTINE, A. M., M. D., EDITOR.

VOLUME III

ST. LOUIS, JANUARY 15, 1881.

NUMBER 11.

RESEARCHES AND CONSIDERATIONS ON THE HOMŒOPATHIC TREATMENT OF WOUNDS.

BY DR. BERNARD.

Translated from the "Revue Homœopathique Belge" by
ROSSELL D. VALENTINE, M. D., of Canton, Ill.

CALENDULA.

The physicians of antiquity were already acquainted with the vulnerary properties of the flowers of the marigold. They esteemed above all as an excellent remedy against excoriations of the nipples, an ointment of fresh *calendula*.

Dr. Schneider, of Fulda, became acquainted with the juice of *calendula* by an accident, and had occasion to appreciate its hemostatic and vulnerary virtues. Having fallen from his carriage, he received a considerable wound upon the tibia; the skin was lacerated, and the bone itself depressed. Immediately on his return home he poured upon the wound some extract of *calendula*, the sharpness of which caused a little smarting, and applied over the wound a bandage three fingers in width, and drank some of the same liquor. The pain ceased instantly. At the end of three days he removed the bandage. The wound was closed, and a second bandage prepared in the same manner finished the cure.

M. Flugge has obtained from this remedy innumerable cures. He was so convinced of its efficacy, and of the promptitude of its curative effects, that one day, in order to give a proof of it to some persons who disputed it, he did not hesitate to make with a knife a deep wound on his hand.

He poured into the wound some of the extract and applied a bandage. The next day he showed to his adversaries his hand perfectly cured.

A carpenter having cut his foot half off by the blow of an ax, M. Flugge had recourse to his remedy. The bleeding ceased, and, after having closed the wound, he applied upon it compresses saturated with the extract. After the next day the patient was able to return to his work, and at the end of six days he was perfectly cured.*

This remedy has become quite popular in Germany, and especially in England and America.

The works of Dr. Thorer de Goerlitz have not been strangers to the reputation acquired by the marigold.

Jahr has translated† the relation of a very important clinical fact due to Dr. Thorer :

A young boy of 16 years, laborer in a manufactory, was caught up by a wheel of the machinery, which wounded him in the following manner. We relate the details as they were given to us:

1st. Fracture of the left humerus, with splinters of bone protruding through the flesh.

2d. At the bend of the arm bleeding, and a penetrating wound.

3d. Fore-arm totally deprived of integument.

4th. The detached hand, held only by feeble shreds.

5th. The thigh, the leg of the same side and the face bore marks of very extended laceration.

This poor boy was exhausted by the sudden loss of blood and by the pain. Then it had been necessary to submit to the amputation of the left arm, made immediately above

* *Revue Critique et Retrospective de la Matiere Medicale Homœopathique.*—I, 47.

† *Bulletin de l'Art de Guerir.*—III, 22.

the place where the splinters of the humerus had protruded.

I pass by the other necessary surgical measures that I had to employ, and observe that the other lacerated parts were covered with compresses of *calendula water*. Nothing more was done except to continue these compresses till the termination of the cure, which was accomplished the same month, almost without any fever. What was very remarkable was, that the granulations which formed in the wounds were, in a manner, dry and without suppuration. I was not acquainted with this property of *calendula*, and I did not fail after that to treat in the same manner the cicatrization of the stump. Here the progress of healing was the same as in the other wounds. Finally all the wounds were filled up and cicatrized without suppuration.

You will find, says R. Hughes,* the paper of Thorer translated in the "British Journal of Homœopathy," Vol. V. His examples demonstrate that *calendula* possesses the most beneficial influence over wounds, favoring their cicatrization with the least suppuration possible. Since this epoch *calendula* has always been employed by Homœopathic physicians for hastening the healing of wounds, ulcers, etc. You will find many appreciations of its virtues in several papers by Dr. Yeldham in the "Brit. Jour. of Hom." and in the "Annals of the "Britt. Hom. Society."

Finally, it has been employed upon a grand scale by our American colleagues in the treatment of wounds produced during the course of their civil war, and it has obtained their warmest approbation.

Ruddock * considers *calendula* invaluable in the practice of surgery and in the art of dentistry. He believes it preferable to *arnica* in lacerated or articular wounds, in wounds and sliced cuts, particularly when there is constitutional tendency to erysipelas. This remedy combats hemorrhages (although in a less degree than *hamamelis*), and allays the most severe pains occurring through same complication.

* *Action des Medicaments Homœopathique, Traduct. de Guerin-Meneville.*

* *Text Book, medical and surgical.*

Hering thus details its indications: *Calendula* merits the preference in wounds by laceration when the wound is widely open and deep, not allowing union by first intention; all movement even, after the dressing, being very painful, when there are floating shreds, cutaneous or subcutaneous, and when the wound is irregular and here and there sliced. Also in excessive pain, when *hypericum* is not better indicated or has failed.

Calendula officinalis, says Noack, acts better in sanguinous effusions, serious infiltrations of the cellular tissue with deep wounds and abundant suppurations.

According to Dr. Brentano, of Milan, *calendula officinalis* is an excellent remedy against traumatic accidents, wounds, blows. It seems the best means for preventing suppuration, particularly the fever always so serious, which may accompany it in consequence of amputations.

Dr. Yeldham seems to even prefer this medicine to *arnica*, which may sometimes cause slight inflammations, and which does not happen with *calendula*. He cites marvelous cures of penetrating wounds in the articulations with abundant flow of synovia.

Dr. Helmuth, of New York, extols the topical application of this remedy in suppurations and in wounds.

Calendula, says Dr. Sorge, ought to be employed with confidence in wounds by incision or laceration; all general symptoms, such as shiverings, fever, cephalalgia, etc., which are the result of mechanical lesions, are promptly assuaged and dissipated by this remedy. I consider it as being of the greatest utility after most surgical operations, to hasten the production of healthy granulations, and to hinder or prevent gangrene. It is advantageous in wounds with great loss of substance. Does it act in a local or general manner? It causes hyperæsthesia (local), and a general uneasiness of the system. This hyperæsthesia assists in the afflux of blood, in the effusion of fibrin, and in the rapidity of union and the reparation of the loss. It produces, also, hypertrophy of the glands. It seems to us to stimulate the proliferation of white globules, augment the quantity of fibrin and its transformation into connective tissue. *Calendula* is suitable, above all, for open wounds,

with much suggellation and violent chill after traumatism.

Dr. Sorge was called to treat a bad wound of the eye; a curved knife had opened the sclerotic. The choroid and the vitreous body having protruded, he expected atrophy of the globe, and gave *calendula* internally and externally. By this treatment the eye preserved its form and the power of recognizing large objects.

According to Dr. Raue, *calendula* cures in a few hours the mechanical excorations produced on the prepuce by coition. It would also be indicated in the rupture of the perineum during confinement.

Dr. Pistle has published the following observation: A child swallowed a tin whistle made of two discs about one inch in diameter. The foreign body was retained five or six weeks, when there appeared symptoms of acute enteritis; stools frequent, almost wholly mucous, accompanied with constant pain in the abdomen and sensitiveness in the right iliac region. I thought of *calendula*, and found in its pathogenesis the corresponding symptoms. It was prescribed at the 2d, five drops in four consecutive doses, one teaspoonful every hour. A prompt amelioration was manifested in the little patient, who became merry and began to play as in health. The foreign body is still retained, but there has been no return of painful symptoms for three weeks.

At the meeting of the English Homœopaths, held at Oxford, in 1871, Dr. Holland cited the following facts: A man had his hand so crushed between wheels that amputation was contemplated. *Calendula* externally, and *aconite* and *arnica* internally, have restored his hand to so good a condition that he can use it very well, except two fingers which have remained stiff.

A horse, in falling, received a penetrating wound in the knee, and he was about to be killed. The introduction of a few drops of *calendula* into the wound soon restored the animal to a condition for work.

Dr. I. Guerin-Meneville has published * an observation so interesting that we do not know how to resist the desire to reproduce it entirely.

* Bulletin de la Societe, Medical Homœopathique de France, XVI, 603.

Fracture of the Skull.—October 30, 1874, a child, M, aged three years, living in the Rue du Bac, No. 36, 6th story, fell from the window into the interior court of this house; he was arrested at the height of the *entresol*, by a bar of iron extending from one wall to the other; the head only of this child struck upon the bar, and the little fellow fell again without other lesion, upon a wire screen which rested a few feet below and protected the windows of a warehouse.

Several physicians being called immediately, considered the case desperate and contented themselves with applying compresses of cold water. A hospital surgeon, however, consented to examine the child more in detail and found a compound fracture of the frontal bone on the right side. There was an enormous wound, starting from the orbit and dividing the brow in the middle, it extended over the forehead to the middle of the skull. This wound was contused, with tearing away of the skin upon both sides, extending far enough to allow the introduction of the little finger and feel at one place, on the right side and in the external part of the frontal bone, a depression with fragments, and on the left side two or three fissures of the external table, but without depression. The child had not lost consciousness, and the surgeon recommended simple compresses of cold water, covering a dressing of *charpie*, with which he filled the wound. Arrived a little afterward, I did not disarrange this first dressing, but I prescribed immediately every two hours, without interruption, one teaspoonful of *arnica* 6th, at the same time moistening constantly the dressing with water, to which was added *calendula* tincture in the proportion of one teaspoonful to one glassful. Returning next day, the 1st, I saw him in company with Dr. Despres, hospital surgeon, who took a lively interest in the little patient and wished to continue to visit him with me. We found the general condition satisfactory. There had been no fever and he had passed a good night. While approving my prescription, my confrere thought that the application should be ice water. Although this was not my opinion, I thought it was necessary here to give concession for concession. I merely warned

the parents that the danger of this extreme temperature of the water was only in the reaction which would follow a negligence on their part, and this was sufficient. From the 1st till the 9th of November I saw the little patient every day, often with my confrere. The *arnica* and the affusion of *calendula* water were continued. The third day I had taken off the first dressing, which had become adherent. I had no hemorrhage, but I found the bone denuded as if scraped, in extent about 8 centimetres in length and 3 centimetres in width. The depression of the fragments outside of the wound was partly effaced. We decided it best not to touch in any manner this wound, and until the end the dressing consisted in the application, pure and simple, of a pledget of *charpie* upon a piece of linen fenestrated and spread with *cerate*, the whole covered with compresses and constantly wet with a mixture of water and *calendula tincture*.

Matters thus progressed all the month of November, during which the wounded child was visited very often. Under the influence of this treatment, so simple, the wound improved very promptly. The integument adjacent to the wound, which was torn loose and much swollen, subsided quickly enough; the eye, which was completely closed the first days, soon was able to open. Strangely there was no paralysis of the upper eyelid. *The little patient never had a moment of fever or headache.* We feared, naturally, for a long time cerebral complications more or less serious, but they did not show themselves. The granulation of this great wound took place very soon, commencing at the two extreme angles. The removal on both sides of the shreds continued a long time to be perceptible, and we expected at every moment to see issue from it some fragments of the frontal bone, the more so, as at certain points we could catch with the nails some lamellæ elevated from the external table of this bone. All the denuded portion, the dimensions of which I have above given, was of an ivory whiteness, completely deprived of periosteum, and we were not without anxiety as to the future fate of such a large surface of bone exposed to the contact of the air. We feared to see it entirely necrose and become eliminated *en*

masse. But how long first? None of our fears were realized. The granulations increased on all sides of the wound and covered, little by little, this denudation; the osseous lamellæ that we had raised with the nails kept diminishing, and there occurred what has been called *insensible exfoliation*, that is to say, the osseous portions which were being eliminated, disappeared in granular dust, washed away by the different fluids, proper and foreign to the wound.

From the 1st of December to the 16th of the month, nothing occurred of particular note. We had ceased to give *arnica* internally; the child was quite merry, ate its food as usual, and needed cleansing only once a day and to have the dressing moistened whenever it seemed too dry; and besides, to be watched carefully in his violent plays, because two or three times he had run against furniture and caused bleeding. The suppuration of good quality and in moderate quantity, when, on the 16th, having taken cold, the little patient was attacked by violent fever with delirium the whole night. To this succeeded a rather frequent cough, which lasted several days. He took *aconite* 24 hours, to which succeeded *ippecac* and *bryonia* in alternation, and on the 20th he entered upon convalescence from this little accident. It was to be regretted, on account of the wound; for as soon as he took the fever the wound completely dried-up. There was no more suppuration, the fleshy granulations withered away; the bone still denuded became livid-red. In short, the cicatrization was interrupted all this time, and we could recall vitality into this wound only by discontinuing the irrigation and replacing it for several days by emollient cataplasms. This was the only impediment that we had, and the child being cured of his bronchitis, the granulations resumed their course so well that the 30th of November the wound was almost completely cicatrized. From the 1st to the 15th of December I saw him only twice. In this interval, there came away one morning in cleansing him a thin scale of bone, as large as the nail of the little finger. This was all that came away of the fragments of so serious a wound. Since then the cicatrization is perfect and the child is not even much disfigured.

At the meeting of the *Cercle Homœopathique des Flanders*, of April 24, 1879, M. De Moor related the success he obtained by the application of a decoction of flowers of *calendula* in fomentations on the abdomen in a case of cæsariaic operation for rupture of the womb, in consequence of the administration of ergot.

At the same meeting, M. Loosvelt said that he found benefit from the employment of *calendula* in large wounds. By this medicament he had considerably mitigated the suffering after the amputation of the breast, and after an operation for cancer on the face. Again, he had had reason to congratulate himself for the employment of this agent in a serious wound of the face produced by a pistol shot.

The reader will be surprised, perhaps, to see us give such a great extent to the chapter on *calendula*.

This is the reason for it: This remedy, quite popular in England and its colonies, as well as in America, where its vulnerary and hæmostatic virtues receive unanimous adhesion, is, it seems to us, relatively unknown in old Europe, notably in the countries of the Latin race. Jahr does not give a summary of the pathogenesis of *calendula* in his "Manuel," which still serves as principal guide to many of our confreres. In his Homœopathic Treatment of Diseases of the Skin * he mentions the following symptoms: "An old wound becomes wrinkled and inflamed, with pain as of cracking and excoriation in the morning; stitchings, as if suppuration were going to take place, and redness all around. Little visicles on the right side of the mouth, engorgement of the submaxillary glands, with excoriating pains."

In the new pathogenesis, published by the "Bibliothèque Homœopathique," we read these symptoms: A wound becomes again red and inflamed. A wound is painful in the morning, as if by contusion, and there are smarting and pulsations, as if it were going to suppurate.

Our personal experience with this medicament is not great. However; we ought to say that in a recent case of fracture of the tibia, *calendula* 6th, administered only internally, appeared to us to exercise a real influence, on account of the promptitude and solidity of the cure.

* Paris, 1858, p. 317.

CAUSE OF CATARRH OF AIR PASSAGES.

BY J. C. CUMMINGS, M. D.

First—let us know what disease is; and then we may be able to find out its causes.

Hahnemann defines: "Diseases are only dynamic disturbances of the vital force."

If I understand his meaning of the word dynamic—it is a spiritual force—at any rate, something too refined for any material analysis to detect.

I do not propose to discuss, to-night, the dynamic theory of disease, except to mention its influence as a factor in epidemic influenza. Watson speaks of the various epidemics of catarrh that have invaded Europe from time to time, especially that of "1782, which extended over all Europe, visiting every country therein, affecting more than one-half of its inhabitants, and proving fatal to very many of them.

"In the spring of 1803 another instance of it transpired, and in 1833, and in 1837, other epidemics occurred."

So here is evidently a general cause. But everybody does not get sick in any epidemic, not even in the plague. So here we have another factor in disease, namely, a receptive condition. One of these—perhaps the first with many persons—is fear. We all know its potency in cholera epidemics. But as long as a disease is not very fatal, fear is not a very prominent cause; yet its influence must be felt in all widely-spread epidemics, however mild. But I believe it is the received opinion that all diseases come through the nervous system. We know that death is caused by shock—sudden good or bad news, or violent anger, or by fright. But how disease steals imperceptibly through the senses, or organs of the body, is not so clear or easy to discover. Sometimes, and I think often, it comes through the lower animals—for instance, the epizootic. A widely-spread epidemic of catarrh followed in the wake of the epizootic some years ago, and I think is doing likewise this year. When anthrax ensues immediately after skinning an animal that died from carbuncle, the cause at once is made plain.

But Dunglison says that "anthrax is now known to arise primarily in the human subject." I mention this to show there is a general cause common to all forms of disease, and if we could find that out, we would be on the high road to remove all diseases.

Watson speaks of the "wide and rapid spread of catarrh in a few days over London, and nearly the whole kingdom—on land, and on board of ships that had no communication with the shore, nor with each other"—to prove the non-contagious nature of catarrh.

Condie, speaking of the influenza-epidemic in 1807, says, "The amazing rapidity with which it diffused itself over the greater part of the American continent resembled more the fleetness of the wind than the natural course of a disease."

Watson says that sudden changes of atmosphere from cold to hot, or *vice versa*, cannot be the cause of catarrh, or these changes would always be followed by the same result. He speaks of the epizootic diseases raging before, along with or after epidemic catarrhs; and prodigious swarms of insects having made their appearance; and whilst these small insects seem to flourish, the larger animals, including man, died. The same author says that the influenza generally follows a westerly direction, or one from the South towards the Northwest. Now, we could account for the rapid spread of the epidemic, if the animalculæ theory were true, and these fungi were independent of gravitation—by saying that these remain stationary, while the earth revolves from West to East at the rate of a thousand miles per hour, and all who are susceptible take the disease.

But any substance that is material enough to be seen with the microscope must travel with the atmosphere. Now, discarding the *weather*—it being a mere secondary and not a primary cause of catarrh—and also leaving the ozone hypothesis (which Watson is inclined to accept), and the animalculæ, and the cryptogamic theories for further demonstration, I fall back on the dynamic theory, believing with Hahnemann, "That the cause of a thing cannot be the thing itself." So, the diseased conditions we have before us are very different from their causes—as different as light

and heat and vegetation; yet the last could not exist without the first two. Vital forces are intangible.

We can never with the microscope, spectroscope or chemical analysis discover the cause of disease.

Each science unfolds its own laws. So we must study the laws of Life through vivisections, provings of drugs on the healthy subject, by electricity, and every possible means of investigating the science of Life, before we can ever hope to know much about the cause of disease.

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*FOR WESTERN ACADEMY OF HOMŒO-
PATHY.*

*BY JNO. B. BROOKS, M. D., HOT SPRINGS, ARK.

Arkansas has been well called the Switzerland of America.

It has been greatly favored by nature in climate, soil, mineral wealth, extensive forests, navigable rivers, medicinal springs and pure flowing streams.

It is alike exempt from the intense heat of the extreme South and the severe cold of the North, having genial climate and fertile soil, with the productions largely of both regions. Nature has, indeed, been generous in her endowments. No place on this continent, or perhaps on any other, can excel *this* part of the State.

According to Dr. Jackson's Chart of Medicinal Climatology showing climatic lines, we find Arkansas among the most agreeable lines found north of the equator. Between 30 and 40 degrees of north latitude we find the most temperate, equal and healthful latitude that surrounds the earth.

The average heat of summer, as shown by meteorological reports, is 84 degrees 29 minutes Fahr., and that of winter about 34 degrees 5 minutes Fahr.

The pure atmosphere of this northern and western portion of the State, together with the clear, bright skies, affords a safe and sure retreat to those suffering from

* Read at Minneapolis, Minn., June, 1880.

chronic affections of most any form, particularly throat or lung troubles.

Phthisis pulmonalis, typhoid fever, gout, rheumatism, etc., with their complications, are diseased conditions almost unknown here.

Acute diseases, such as erysipelas, scarlet fever, diphtheria, etc., in epidemic form, do not visit us.

And now we come to the Hot Springs.

Situated in a narrow gorge of the Ozark Mountains, and running almost north and south, these springs, about 63 in number, varying in temperature from 90 to 156 degrees, issue from the western slope of the eastern ridge. There has been much speculation as to just how this water is heated. I am of the positive opinion that this is mere waste of precious time. Every evidence in this part of the country is in favor of the volcanic origin.

These springs discharge an aggregate of about 500,000 gallons daily, and find outlet, as said before, in 63 different places on the mountain side, from the margin of the little creek which winds its way through the valley, from the height of 100 feet up the mountain side.

These various outlets cover over a territory of about two acres.

As to diseases benefited—and I will prelude by saying these Hot springs should be regarded as a great sanitarium and health resort for the afflicted.

There is nothing in these waters particularly or peculiarly specific for any form of disease.

It opens up the various channels of the system, stimulates to activity, encouraging every organ and every tissue to do its work.

These are LIVING waters; they possess a peculiar electric condition, or "vital principle," which is the invigorating agent, and near akin to that peculiar and mysterious influence that runs the human organism.

On account of near kinship this *force* is very readily assimilated to the wants of the system; so that, where there is lack of *energy* to rid the system of evil influences or deleterious matter, these waters are an important adjunct, imparting new vitality and increased functional activity.

And, furthermore, where there is lack in elements of the body they are supplied from this same source (as it will be readily seen by reference to the analysis); that these contain many of the elements, and in nearly the same proportion as are found in the human body.

Now, if these be facts just stated, then we are not long in discovering that a multitude of the ills that flesh is heir to can be successfully managed here.

As remarked before, where there is lack of element, or some specific poison has been introduced and from which the body suffers, these waters will be found peculiarly applicable.

Ulcerative and suppurative difficulties, and affections of skin and mucous structure, yield generally very readily.

Again, this place can be strongly recommended to women suffering from diseases of the reproductive organs.

And, what is somewhat peculiar, ladies suffering from either *suppressed* or excessive menstruation are alike benefitted—simply restores the normal function.

For the ill effects of *mercury* in the system this place can be relied upon as almost *specific*, as there is a positive antagonism between these waters and mercury.

And, finally, I want it distinctly understood that we do not cure every case; there are some incurables, who must suffer on in spite of ALL attempts to cure. But I am safe in saying that a larger per cent. are cured here than any other place I have any knowledge of. I have seen cures here simply marvellous—cases that had resisted all means for years before coming.

But enough for this time.

IMPROVEMENTS IN THE ART AND SCIENCE OF OBSTETRICS.

BY GEO. W. WALKER, M.D., ST. LOUIS, MO.

Mr. President and Gentlemen of the American Institute of Homœopathy: As our time is limited, and as this is a utilitarian age, when we are all impatient to get at the

gist or kernel of whatever engages our attention, I shall make no introductory—no prefatory remarks,— but proceed at once to give you, and as short and concise a form as possible, what I conceive to be improvements in the art and science of obstetrics.

I shall refer to only a few of the more prominent ones.

1st. *Cephalic and Podalic Version by External Manipulation, or the Bi-polar Method.*—Doubtless the observance of cases of *spontaneous* version first suggested the imitation of the same process by the hands of the accoucheur. It was shadowed forth in obstetric works many years ago, but to Braxton Hicks is due the credit of first laying down definite rules for it, and bringing it to the notice of the profession. As a rule the liquor amnii must still be there, for upon the mobility of the fœtus depends the success of the bi-polar method. This, however, is not always necessary. The hands of the physician should be applied simultaneously to both poles of the ovoid. Both hands may be used externally through the walls of the abdomen, or one may be introduced within the os uteri.

For different positions either hand may be introduced. There is scarcely a case of malposition that the bi-polar method is not of more or less advantage. The failure by this method does not in any way preclude a resort subsequently to any other method. By the application of this method, and taking advantage of postural treatment, I succeeded in turning a fœtus after the evacuation of the waters, and when the child's arm had protruded from the vulva for two hours. The case had been attended and abandoned by a midwife.

When I arrived I found pulsation in the prolapsed cord still strong, and I immediately placed the woman in a prone position, upon her knees and breast, with hips well elevated. With the left hand I pushed the arm back into the womb, and pressed up upon the shoulder, and at the same time pressing with my right hand through the abdominal walls down upon the head, which lay in the left iliac region. The breech receded, and the head presented at the brim, and in a half hour the child was born.

Taking into consideration the great danger of introduc-

ing the whole hand and arm within the uterus to perform version by the ordinary method, we may conclude this to be one of the greatest improvements of obstetric art.

2d. *Placenta Prævia*.—We used to be taught, and the error has not been altogether corrected yet, that we should temporize with a patient flooding from placenta prævia until we deemed it dangerous to her immediate life, and then introduce the hand, turn and deliver by the feet. Prof. Simpson's proposition to separate the entire placenta and wait for natural labor was a slight improvement upon the old method, and is still applicable in some cases. The laws now laid down for the treatment of placenta prævia are very different and more definite. Among the elite of the obstetric art, there is very little difference of opinion on this point, save in minor details.

If you are *sure* you have a case of placenta prævia, and there is a sudden and severe hæmorrhage, no matter in what month of pregnancy, premature labor is to be induced without any delay. If the child is non-viable, that is, previous to the seventh month, and the hæmorrhage is slight, and the os uteri undilated, we may temporize, recommending absolute rest, cold applications, and the use of specific remedies. If necessary, dilate the os by sponge tents, or better by laminaria tents, and follow in an hour or two with Barnes' dilators, or tampon the os and vagina, but only for an hour or two.

Be on the alert. Do not leave your patient for more than an hour at any one time. If there be any abnormal position, now is the time to rectify it by external manipulations. Remove the tampon or dilators, and as soon as possible rupture the membranes with a metallic or stiletted gum catheter, and draw off the water *gradually*. Do it *slowly*, or you may induce inertia of the womb. If the placenta is only partially over the mouth of the uterus, before puncturing separate the bleeding side with your finger, then reach above and draw that portion to the opposite side, or if central, and it resists the catheter, make a hole through the placenta first with a porcupine quill or its equivalent. As soon as the water ceases to flow through the catheter, withdraw it, and enlarge the opening with the finger. I

the head or breech presents, put on a binder and use uterine compression. Ergot should be given unless the birth is a cross one. Promote uterine pains in every possible way, for if active labor comes on, hæmorrhage is impossible. If the head does not present, as is frequently the case, we should make the attempt to turn by the bi-polar method, and in case of failure introduce the hand and bring down the feet. To sum up,—in placenta prævia with severe hemorrhage, at any period of pregnancy, induction of premature labor is the rule; water to be evacuated slowly. In cases of mal-position, turn by the bi-polar method if possible, and keep ever in mind the extreme danger of thrusting the hand within the womb. Resort to it only in the last extremity. In cases where placenta prævia is complicated with other dystocias, the ordinary rules of obstetric art are applicable.

By the old treatment one in three of the mothers die, and more than one-half of the children. By the improved treatment not more than one in ten of the mothers are lost, and the mortality of the children is greatly reduced.

3d. *The Frequent Use of the Forceps in Hastening Labor.*—Within the last few years professional opinion upon the frequent use of the obstetrical forceps has undergone a marked change. Instead of an operation to be dreaded by the accoucheur, and a terror to the mother and of frequent fatality to the child, the ingenious construction of instruments and the increased knowledge of the mechanism of labor, have rendered it one of the safest and one the least to be dreaded of any of the operations belonging to obstetric art. Some of the professors of this branch of medical science, and the majority of the standard authors to-day, strictly prohibit instrumental delivery, unless all hope of nature accomplishing it is gone.

Arguments in favor of the more frequent use of forceps are so well expressed in the report of the Rotunda Lying-in Hospital of London, for the year 1872, quoted by Playfair in his *Treatise on Midwifery*, that I prefer it to my own.

“Our established rule is that so long as nature is able to effect its purpose without prejudice to the constitution of

the patient, danger to the soft parts, or the life of the child, we are in duty bound to allow the labor to proceed, but as soon as we find the natural efforts are beginning to fail, and after having tried the milder means for relaxing the parts, or stimulating the uterus to increased action, and the desired effects not being produced, we consider we are in duty bound to adopt still prompter measures, and by our timely assistance relieve the sufferer from her distress, and her offspring from imminent death. Why, may I ask, should we permit a fellow-creature to undergo hours of torture when we have the means of relieving her within our reach? Why should she be allowed to waste her strength and incur the risks consequent upon long pressure of the head on the soft parts, the tendency to inflammation and sloughing, or the danger of rupture, not to speak of the poisonous miasm which emanates from an inflammatory state of the passages, the result of tedious labor, and which is one of the fertile causes of puerperal fever and all its dire effects, attributed by some to the influence of being confined in a large maternity and not to its proper source, *i. e.*, the labor being allowed to continue till inflammatory symptoms appear? The more we consider the benefits of timely interference, and the good results which follow it, the more are we induced to pursue the system we have adopted, and to inculcate to those we are instructing the advantages to be gained by such practice, both in saving the life of the child as well as securing the greater safety of the mother."

These are my views, and I believe they will ultimately prevail, for from my own observation the infant mortality is much less, and the suffering of the mother greatly reduced. Taking all classes of labor together it is said one out of 20 to 30 children is stillborn. Dr. Hamilton, of England, says that he uses forceps in every seventh or eighth case, and thus delivered 731 successive children without a single stillbirth.

4th. *On the Manner of Introducing the Forceps.*-Instead of passing the blades of the forceps as nearly over the child's ear as possible, and adapting them always to the bi-parietal diameter of the child's head, the rule now taught is to pass them in the transverse diameter of the

pelvis without reference to the child's head. Make the pelvic curve of the forceps conform to the pelvic canal of the mother. The precise position of the head should, if possible, be ascertained by the accoucheur before applying the forceps, but it is by no means essential. If the forceps do not lock the fault is probably in one of two things, either the blades are not thrust far enough in, or the handles are not pressed back far enough against the posterior fourchette. With a properly constructed instrument, and applied as they ought to be, they should *never* slip.

5th. *On the Non-ligation of the Funis.*—After the birth of the child the cord should not be severed until pulsation ceases; then cut it and allow any blood which may remain in the umbilical cord to ooze out.

Before washing the child a ligature may be applied. Tying the cord is not, as was once thought, absolutely essential to prevent hæmorrhage. A ligated cord bleeds just as often as a non-ligated one.

6th. *Delivery of the Placenta.*—Until recently it has been the custom among accoucheurs to wait a very few minutes after the birth of the child, and if the placenta is not expelled to make traction upon the cord with one hand and with the other press upon the fundus of the uterus. With many the binder was to be put on as soon as the child was expelled, and before the delivery of the after-birth. A binder never promotes contraction of the womb. It is possible that it may to some extent secure a contracted womb from again dilating. A binder should not be applied previous to the expulsion of the placenta, neither should traction be made upon the cord, unless the placenta is extruded from the womb, and is lying within the vagina. The uterus itself should be made to expel the placenta. After we have waited twenty minutes, occasionally placing our hand over the uterine region to make sure that there is contraction of that organ, we may grasp the fundus of the womb in our left hand, pressing the womb downwards and backwards in the axis of the pelvic brim; when in almost all cases the placenta and its membranes will pass out. If it does not we may repeat the manipulation, and if it does not pass away for an hour or more no harm will come of

it. The cardinal point to remember, as Playfair says, is that the placenta should be expelled from the uterus by a *vis a tergo* movement, and not drawn out by a *vis a fronte*. By this procedure post-partum hæmorrhage is less likely, after-pains are lessened, and the safety and comfort of the patient greatly promoted.

7th. *Breech Presentations*.—Let them alone until the body is expelled as far as the umbilicus. Traction should not be made upon the trunk to expedite delivery. In no case is meddling midwifery so bad, and in no case is the temptation so great.

8th. *Fruit Diet in Pregnancy*.—For the last six or seven years I have been in the habit of recommending to my patients, who were expecting within the next five or six months to be mothers, a diet consisting largely of fruits. As far as in my power, I keep them from eating those articles of food which contain a large proportion of earthy matter, such as wheat, beans, barley, oatmeal, etc. The flesh of *matured* animals, as beef, mutton, and pork are strictly forbidden. Those kinds of food which contribute largely to the growth of bone and muscle are to be taken in moderation or not at all. Of course no one particular system of diet will suit all; but it must from time to time be modified to suit each individual case. The fruit is essential; but in no case to the entire exclusion of either farinaceous or animal food. The diet which athletes or prize fighters adopt to harden their muscles, is not the diet for a pregnant woman; neither is the coarse diet of the laboring man.

Females of those nations who live principally upon fruits, as the Hindoos, Sandwich Islanders, etc., have easy labors; while the laboring classes of this country, who live upon coarse farinaceous and coarse animal food, have, as a rule, hard labors. Two-thirds of all the craniotomy cases in my practice have been among the lower classes of Irish.

I have had among my patients women who, with a vigorous digestion and sharp appetite, indulging plentifully in roast beef, mutton, and fried ham, with coarse bread and other hearty food, taking just enough of outdoor exercise to stimulate the appetite still further, and while apparently

flushed with health and full of red blood, come to bed at the end of nine months and bring forth, with the most terrific sufferings, a child weighing eleven to fourteen pounds, and a head as hard and unyielding as a child's of six months old should be. From her good health and vigorous constitution she had anticipated a comparatively easy labor; but what a greivous disappointment. If she could look back over the nine months of pregnancy and realize the cause of her suffering she would feel thankful the life of herself and her offspring had not been sacrificed. The rule in such cases is forceps, craniotomy, or an inordinate amount of suffering, and often the death of the child or mother.

By a well regulated system of diet, I tell you, from a tolerably large observation, this state of things can be to a great extent avoided. To my mind there is no sense in a woman having children beyond eight or nine pounds; nor in a child's head being non-compressible from an excess of bone; nor in a woman's muscles being as firm and unyielding as a prize fighter's.

The ambition of some women to bring forth large children should be cultivated and directed towards producing quality of fibre, rather than quantity. There is a large and fruitful field for cultivation by the medical profession in this direction, and I hope that some, if not all of you, may have your minds attracted to the subject of "diet in pregnancy," and ere we meet in the coming year, we may, from our varied observations, be able to mitigate to some extent the perils and sufferings of woman in childbirth.

Surgical Bureau.

In Charge of S. B. PARSONS, M. D., Surgeon.

LOCOMOTOR ATAXIA CURED BY NERVE STRETCHING.

It is reported that Dr. Langenbeck cured a case of locomotor ataxia by stretching the two sciatic and crural nerves. The stretching was done at different times, and always antiseptically.

ANEURISM OF THE ARCH OF THE AORTA CURED BY REST, RESTRICTED DIET, ERGOT AND IODIDE OF POTASSIUM.—The October number of the "American Journal of Medical Sciences" contains an account of a case of aneurism of the arch of the aorta which was cured by rest, restricted diet, and the *iodide of potassium* and *ergot*, under the care of Dr. R. Sutton. The patient, a female, 21 years of age, was attacked while at work by a severe pain in the upper cardiac region, which remained, coming and going, for six months, accompanied at times by fainting spells. Nine months after the first attack Dr. Sutton saw her for the first time, and an examination revealed an aneurism of the descending arch of the aorta. The ribs were bulged up above the plane of the chest wall; the thrill was loud, and the impulse was visible in the second intercostal space. She remained under treatment for one year. During this time she was excluded from all excitement, and took, three times daily, 10 to 20 drops of fluid extract of *ergot* and 5 grains of *iodide of potassium*. Only one-half hour out of six hours was allowed for quiet walking about the room. Her nourishment amounted to 10 ounces of material, fluid and solid together, for each twenty-four hours. This regime was faithfully adhered to for thirteen months. At the end of this time she was reduced to nearly a skeleton, but the aneurism was cured. The action of the heart was weak and irregular, with a distinct anæmic bruit. Her nourishment was now increased, and she was allowed to be up and down at will.

A committee, appointed by the Allegheny County Medical Society, examined the patient last June, and reported that the aneurism was cured, and that the only evidence of disease at the time was a slight endocardial murmur.

A NEW PHYSICAL SIGN IN THORACIC ANEURISM.

Dr. Drummond, of Newcastle-on-Tyne, has demonstrated before the Northumberland and Durham Medical Society a physical sign which will apparently be of considerable

value in the diagnosis of aortic aneurism, should it not turn out to be pathognomonic. When a patient who is suffering from thoracic aneurism inspires deeply, and then closes the mouth and expires slowly through the nostrils, a puffing sound is heard on auscultating the trachea, which is synchronous with the cardiac systole. This sound is best heard with the binaural stethoscope, and is evidently a sudden involuntary expiration caused by the sudden systolic expansion of the sac expelling air from the chest. This physical sign has been demonstrated by Dr. Drummond to be absent in cases of aortic valvular disease without aneurism, while it is present in every case of aneurism which has come under his notice since the discovery of the sign, viz., four; and he also thinks it will be of importance in distinguishing between aneurism and sarcoma of the lung.—*Dublin Journal of Medical Science*, November, 1880.

RADICAL TREATMENT OF HYDROCELE BY INJECTION OF CARBOLIC ACID.

At a meeting of the Philadelphia Academy of Surgery, June 7, 1880, Dr. R. J. Levis stated that in 1872 he had begun to treat hydrocele by carbolic acid injections, because a more plastic grade of inflammation than that obtained by ordinary injections was required, and because incision only accomplished a cure through suppuration. His method is to withdraw the fluid by an ordinary trocar, and then introduce the long nozzle of a syringe through the trocar into the vaginal sac. By this means the carbolic acid is thrown into the cavity, and there is no danger of its being injected into the cellular tissue of the scrotum. The *carbolic acid* crystals are merely liquefied by slight heat, or by a few drops of *glycerine*. To keep the injecting fluid ready for use at all states of temperature, about ten per cent. of *glycerine* or water may be added to the crystals. The amount of *carbolic acid* which Dr. Levis injects is one-half a fluid drachm, and this is allowed to remain in the vaginal tunic. The operation is almost, if not entirely,

painless, because of the local anæsthetic action of *carbolic acid*. The patients sometimes exclaim at the moment of introduction, but have a sensation of numbness rather than of pain. The pain, when *tincture of iodine* is employed, is much greater. Care should be observed to allow no *acid* to flow upon the external surface of the scrotum, for pain and inflammation will follow such contact. After the injection the patient is permitted to walk about the house until the weight and slight soreness of the scrotum cause him to lie upon a bed or lounge. The results of this method of treatment are excellent, for undue inflammation does not occur, there is no marked pain, and a radical cure generally ensues. Dr. Levis has never seen sup-puration or sloughing follow this manner of dealing with hydrocele.—*Phila. Medical Times*, November 6, 1880.

FRACTURE OF NINTH DORSAL VERTE-BRA, WITH PARTIAL DISLOCATION—RECOVERY.

Dr. H. Hickman, of St. Louis, reports a case in the "St. Louis Medical and Surgical Journal," Sept. 20, 1880, where there was every reason to believe the injury to be a fracture with partial dislocation of the ninth dorsal vertebra. There was no sign of paralysis. Patient, aged thirty-eight years, a brewer, while hoisting a bucket of ashes, was precipitated into a cellar, a distance of ten feet, in consequence of the breaking of a pulley-bracket, and was found on the floor doubled up and unconscious. Upon examination a considerable displacement was noticed, which was shown by a marked depression superiorly with a corresponding projection below; besides this, the soft parts on either side of the injured spine had developed into tumoid prominences, affording ample proof of the immense strain they had been put to. The patient was at once lifted by the shoulders almost off his feet, while steady, increasing pressure of the thumbs was applied. This soon appreciably reduced the dislocation, and a compress and bandage were applied, and

the patient put to bed. He suffered from an exceedingly acute pain at the base of the neck and upper part of the chest, but had very little pain at the seat of the injury. The next day he was able to micturate, and the soft parts having almost resumed their normal outline, a plaster-jacket was applied. The patient was posed on his hands and knees during the ten minutes required for the necessary bandaging, and although then suffering acutely, his pain subsided as soon as the plaster hardened, and never returned while he wore it. The bowels remained torpid for six days, but this being a very common occurrence among brewers, who, on account of accident or for other good reason, are suddenly denied their usual very liberal allowance of beer, it was not thought to be due to any direct result of the injury. Five months after the accident the only signs of the injury were a bifurcation of the dorsal groove at the site of the fracture, and a very slight swell of the posterior curve of the right thoracic wall rising above the line of injury. The jacket was reapplied but once during these five months.

*OVARIAN CYSTOMA FIRMLY UNITED TO
BLADDER.*

Dr. Noeggerath presented a specimen of the above to the Society of German Physicians, N. Y., and gave the following account of it: On the 18th of October he had attempted the performance of an ovariectomy at Mt. Sinai Hospital. The operation could not be terminated, owing to the unusual complications of the case.

About three months before this time the ovarian cyst had been punctured, and it was observed that a small cyst, situated anteriorly to the principal tumor, completely collapsed and became invisible. During the subsequent ovariectomy this smaller sac was incised in the median line, and it was now ascertained to be the bladder, which was extensively and firmly adherent to the anterior abdominal

parietes. The vesical wound was at once closed by sutures, and the ovarian tumor now attacked. After incision of the cyst, a sudden alarming hemorrhage took place, apparently proceeding from a solid growth springing from the internal surface of the cyst-walls. Rapid and profound collapse at once set in, and death was only averted by ligature *en masse* of the bleeding growth.

The ovarian tumor was so intimately united with the broad ligament of one side, and so firmly and extensively attached to the adjoining structures, that it soon became necessary to discontinue all further attempts at removal. Accordingly it was determined to try abdominal drainage of the cystic cavity. Eight hours after the cessation of the surgical interference, the patient's temperature had risen to 104° F. Rectal injections of quinine effected a temporary lowering, but soon the febrile movement was again pronounced, and at length, after about twenty-four hours, the patient succumbed in collapse.

At the autopsy the vesical suture was found to be perfect. Urine had at no time escaped into the peritoneal cavity (it had during life been removed hourly with the catheter). The most complete union existed between the adjoining walls of the ovarian cyst and the bladder.

A somewhat similar mishap had occurred to Dr. McLean, in Troy, N. Y., and quite recently Dr. Thomas had met such a case in his practice. His own case would therefore be the third, and these were the only American cases known to him.

Dr. Garrigues mentioned the fact that Ohlshausen had reported several instances in which the bladder had been cut into, the operator wishing to incise a cyst.

In answer to a question from Dr. Gerster, Dr. Noeggerath remarked that the diagnosis of such conditions was probably always impossible. Slight vesical troubles were the only symptoms produced by the anomaly. The introduction of instruments for purposes of vesical exploration would fail to furnish any clue to the existence of such complications.—*Med. Rec*

CASES OF PROLAPSUS ANI SUCCESS-
FULLY TREATED BY HYPODERMIC IN-
JECTION OF STRYCHNIA.

BY LEONARD WEBER, M. D.

Nelaton was the first, I believe, to recommend the use of *strychnia* for the cure of simple prolapsus ani. Whether he or any one else had used *strychnia* hypodermically for that purpose before I did, in 1868, I do not know.

In that year I was consulted by a merchant, about forty-five years of age, who had suffered from prolapsus ani for three years. It came on after a prolonged attack of dysentery. Not more than one inch of mucous membrane protruded.

It was easily reduced, but as readily came down again. Sphincter very weak and dilatable, but control over bowels satisfactory. At stool he would often lose small quantities of blood, and a slight but constant sero-sanguinolent discharge from the protruded mucous membrane was quite annoying to him. The usual remedies had been applied without success, and to the application of *nitric acid*, or the actual cautery, I could not persuade him to submit. It occurred to me to inject *strychnia* hypodermically. Inserting the needle about three-fourths of an inch from the anus, and directing it upward and parallel to the gut, I injected one-twelfth of a grain of the remedy, repeating the injection in forty-eight hours upon the opposite side, and continuing in this way until six injections had been made. The pain accompanying the injection was insignificant, no inflammation or abscess followed, the bowel ceased coming down, and the cure then effected has been permanent.

CASE II. (1870).—Boy, eight years old, somewhat anæmic, muscular system poorly developed, had had repeated diarrhœal attacks. His mother said his "body" had been coming down for a long while. Prolapse half an inch. Sphincter very weak and dilatable. I injected one-eigh-

teenth of a grain as above. The relief was complete after eight injections given in the course of four weeks.

I have lost sight of this patient, and do not know whether the cure has been permanent.

CASE III. (1877).—Boy, four years old, healthy and strong; prolapse of three-fourths of an inch, quite reducible, for about a year. Cure after four injections of gr. 1-24 of *strychnia*, each given as above. Patient has remained cured.

CASE IV. (1878).—Boy, five years old. No organic disease, but rather weak; troubled by frequent epistaxis. Prolapse nearly one inch long, in consequence of dysentery. Has had it for eighteen months, and been unrelieved by treatment so far. Four injections of gr. 1-24 of *strychnia* each were made, when the patient ceased coming to the office, and was lost sight of.

CASE V. (1879).—Girl, six years old, somewhat anæmic, but well developed. Prolapse of half an inch, with considerable sero-sanguinolent discharge from the protruded mucons membrane, and occasional loss of blood at stool. It had existed more or less for two years, and had also followed dysentery. Cure after four injections of gr. 1-24 of *strychnia* each. Patient has remained cured.

This was the only case in which I had to etherize the patient, owing to her excessive fear of being hurt. In all five cases the usual local and general treatment, tonic and astringent in character, had been tried without any benefit.

A speedy and permanent cure I know to have been obtained by the injection of *strychnia*, in *loco morbi*, in three cases. No pain of any consequence was inflicted by the procedure, nor unpleasant symptoms, inflammation or abscess, followed the injections. No such results have been obtained in my practice, in similar cases, by other remedies short of severe surgical measures.

It appears, then, from the record of these cases, that the hypodermic injections of *strychnia* in *loco morbi*, in cases of simple prolapsus ani, has a direct and rapid effect upon the sphincter muscle, re-establishing the physiological tone after comparatively few injections. This mode of treatment is perfectly safe, and apt to effect a speedy and permanent cure.—*Medical Record*.

*MEDICAL EXPERT TESTIMONY—THE
PRESENT LAW AND ITS DEFECTS—A
PAPER READ BEFORE THE MISSOURI
INSTITUTE OF HOMŒOPATHY, JUNE 9,
1880, AT HANNIBAL, MO.*

BY C. J. BURGER, M. D., BOONVILLE, MO.

As a member of the Bureau of Legislation, I desire to present to this body a few thoughts (the result of investigation and experience of the present practice in securing and presenting medical expert testimony before courts, where the issue of supposed insanity, poisoning, etc., is raised), adding a few remedial suggestions.

The great frequency with which the plea of insanity is presented in the courts of justice, due to the success which attends it as a means of escape for criminals, is a matter of general notice and alarm. That there is something sadly deficient in the present law and practice of expert testimony is at once apparent to the observer. No one will gainsay that the practice of obtaining unbiased expert testimony in those cases where a careful analysis was necessary, and an impartial medical opinion of vital importance has had the effect of almost bringing the medical profession into disrepute. Therefore, this subject should especially engage the attention of those of a higher order in the medical profession, and induce them to act unitedly for reform measures. If we are candid we must admit that in times past the anomaly of testimony in trials for capital offenses, and in contested will causes, has occasioned general adverse comment from press and public. It behooves us, therefore, to inquire into the cause of this deplorable condition, and then engage the support of the bench in formulating a plan to secure the necessary reform in this State.

The present method or practice of obtaining medical expert testimony has two great defects, viz.: It is defective, first, in that it fails to make provision for an adequate compensation to those who are called so to testify; or in other words, fails to acknowledge professional knowledge and

skill as private property. Second, in that it allows the prosecutor and defendant to select the experts. If the State must have the assistance of professional experts in order to administer justice, it should recognize their knowledge and skill in the way of a just compensation.

It is settled (and it is but proper and just) that a physician or surgeon, when called upon must attend and testify to facts within his knowledge for the same compensation as other witnesses, but whether he can be compelled to give a professional opinion without compensation, other than the ordinary fee of witnesses, is a question which cannot be said to have been satisfactorily determined, as different courts have answered it in different ways. In our State (Missouri) any physician or surgeon can be compelled by a judge of any circuit to render expert testimony for the nominal witness fee.

We consider whatever skill and knowledge we may possess as our individual property—our capital stock—for which we have spent time and money. It is the means by which we earn a livelihood for ourselves and families. We have invested our money and spent our time in the acquisition of knowledge and skill, and they ought therefore to be as much our private property as if we had invested that amount of money in blue jeans or red calico. If this view is correct and just, then we may with propriety question the power of courts to compel any one to testify exclusively, as an expert, when such subjects are investigated before such tribunals. Professional services are not at the mercy of individuals. Why should they be at the mercy of the public? If a physician or surgeon testifies as an expert, by giving his opinion, he is performing a strictly professional service. If individuals have no legal claim to such services, without compensation, we cannot see the justice in being compelled to submit to such a claim by the State or public. The jury is supposed to be utterly ignorant of the principles by which insanity is detected, or to the extent that a wound or an injury might produce death, or to the presence or absence and toxic effect of poisons, etc. They must, therefore, be instructed on these subjects by experts, who have spent time and money in making the

subjects a special study. The province of an expert, therefore, is not to prove facts in the cause, but to aid the court or jury in arriving at a proper conclusion, from facts otherwise proved. An adequate compensation for such services is justly due and merited. If it requires years of time and a considerable outlay of money, to acquire this knowledge and skill, then it must become private property; and if private property, then it is protected by that legal policy, that no man shall be deprived of his property, without a just compensation. By what principle has the public, any more than a private person, a right to demand and extort professional services without a just compensation? Unless the expert can legally maintain the position that his professional knowledge and skill are his own property, and that he need not part with them gratuitously, unless he so chooses, then he is subject to the call of any one who may see fit to subpoena him in any court as an expert. The more eminent and distinguished as an expert, the greater the claim and demand of the public and individuals on his services. That expert testimony has been given for which even one-half the ordinary witness fee was a good remuneration, I do not doubt; and this leads me to the consideration of the second part of my subject, namely: Both sides, prosecutor and defendant, are allowed to produce expert testimony of their own selection. This, in our opinion, renders the practical working of expert testimony almost worthless. Justice Grier, of the Supreme Court, says: "Experience has shown that opposite opinions of persons professing to be experts may be obtained to any amount, thereby perplexing instead of elucidating the question involved in the issue." To the correctness of this statement all must bear witness.

With few exceptions, observation proves the usual result. Scientific evidence of a rather accomodating character, calculated to mould sentiment favorable to the side by which the professional witness is retained. The defense wishes to prove the prisoner to have been insane. A physician is interviewed, the case told to him by the counsel for the defense, in such a way as to fully convince him that the prisoner is truly insane. The physician, therefore,

agrees to appear as an expert in the case. The prosecution goes through the same operation with the physician of their selection, and he is of course convinced that the prisoner is sane. Now, if these physicians come to court and are asked if they think the prisoner sane or insane, they very naturally give prejudiced opinions.

The law recognizes the danger, and so only allows them to testify with regard to hypothetical cases. In this way it is proposed to teach the jury principles by which they can decide the case in hand.

Apparently this idea is good in theory, but utterly worthless in practice; for the principles that govern such cases are not clearly defined, and it requires the experience of an expert to apply them to given cases.

One side presents a hypothetical case for which the necessary answer is yes, and the other side presents a case which requires the answer, no. So each physician is paraded before the jury, and to the amusement of the spectators, answering yes, to one lawyer, and no, to the other, until the jury become convinced that the doctors say just what the lawyers want them to say. Instead of being instructed, the juryman is confused. To make the confusion still more confused, attorneys endeavor to bring out conflicting medical testimony, by harping on minor points, which are necessarily little understood, and with regard to which the physician either confess ignorance or express different opinions. The result is usually foretold. No matter how impartial the expert desires and tries to be, his conclusions are more or less biased, and notoriously so in cases where he has been promised an extensive fee, or his fee made conditional upon the influence his testimony would carry. Another fact both the prosecution and defense in the selection of experts are generally governed by their ability to pay, and frequently, from necessity are forced to retain those of obscure standing in the profession. The stigma which has been brought upon the profession from this source influences the better class of physicians and surgeons to avoid the possibility of being called upon to place their opinion against that of others, which is neither accurate nor reliable.

It is utterly impossible to obtain valuable expert testimony by the present means of conducting such cases.

For the correction of these evils the following plan seems to me to be a just and feasible one:

A committee of experts should be appointed by the court, and sworn in, after the manner of a jury. To them should be their duty to perform all such labors, and transmit the results in a report to the court or jury.

In order to arrive at the truth, they should be compelled, like the jury, to listen to all the evidence, and to enlighten the court on the technical aspects of the case and testimony, which the latter shall use in his charge to the jury.

If, during the trial, there should be any developments requiring medical examination or investigation, it should be their duty to perform all such labors, and transmit the results in a report to the court or jury.

With regard to the question of insanity, their decision should be final. Cases requiring deliberation should be conducted in the manner of juries, and their decision, or failure to agree, announced by their chairman. For their services an adequate compensation should be allowed, such compensation to be uniform, and regulated by statute.

The position of an expert would thus be elevated to one not only of importance, but to one of dignity and honor. He would no longer be looked upon as one testifying in favor of the party by whom he was retained. He would stand upon the platform of truth, as he perceived it, unprejudiced, the minister of equal and impartial justice.

Knowledge and skill applied under these conditions would produce results for the welfare and interest of society that never can be obtained under the present regime.

As the Missouri Institute of Homœopathy occupies a front rank in the efforts and success of elevating the medical profession to a higher standard, always ready to disseminate knowledge from her store-house, thus assisting the progress of civilization, I see no reason why she should not take the initiatory steps for the improvement of this comparatively modern growth.

*N. Y. S. HOMŒOPATHIC ASYLUM FOR THE
INSANE — ANNUAL MEETING — ELEC-
TION OF OFFICERS, Etc.*

The annual meeting of the Trustees of the N. Y. S. Homœopathic Asylum for the Insane was held at the Asylum yesterday, Dec. 9th, 1880. There were present Messrs. Harper, Graham, Draper, Hayes, Guernsey, Wilkin, Burt, Vanamee and Stivers. The Board proceeded to the election of officers for the ensuing year, when all the officers of last year were unanimously re-elected, as follows: President, Fletcher Harper; Vice-President, Grinnell Burt; Secretary, M. D. Stivers; Treasurer, U. T. Hayes.

The report of Medical Superintendent Dr. Selden H. Talcott, showed that the rate of recoveries of the insane was larger last year than ever before in the history of the institution and the death rate lower. The rate of cures was 46.56 per cent., and of deaths 4.18 per cent. In all 311 different patients were treated during the year, of whom 164 were in the Asylum at the beginning and 180 at the close, Oct. 1, 1880. The number admitted was 147, and the number discharged or dying 131. The number discharged cured was 61, improved 24, unimproved 33, deaths 13. The largest number present at any one time was 199.

The means employed to effect cures were the same as have heretofore been used in the institution. First, every effort is made to restore patients to bodily health and strength, which is, in most cases, a necessity. Rest, quiet, exercise, employment, amusement, are each and all used where they will be beneficial in the work of restoring the insane to mental and bodily health. Homœopathic treatment, of course, is the rule where medicine is necessary. Good nourishing food is one of the main reliances of the management. The male patients have been employed mostly in gardening and other light work on the grounds, while the women have done most of the plain sewing of the institution.

The Superintendent discusses at considerable length and

very fairly and sensibly the much mooted question of restraint or non-restraint. While condemning it as a general treatment he regards it as a necessity in exceptional cases, and then he prefers restraint to the use of stupefying methods that are used in its stead in some institutions. He mentions one case where an insane woman was only prevented from sticking herself with pins and needles by covering her hands with light canvas until the mania passed away. A male patient was treated in the same way to prevent him from pushing his thumbs into his eye sockets which he said the Lord commanded him to do. Another patient had to be put into restraint to defeat the most persistent and varied attempts at suicide that could be imagined. Restraint is used only to prevent suicide and mutilation and then with the greatest care.

Dr. C. Spencer Kinney, who has been connected with the institution for some time, has been appointed Second Assistant physician in place of Dr. N. Emmons Paine, who resigned on account of failing health, and has gone to Europe. This has been the only change in the faculty. Dr. W. M. Butler remains the First Assistant physician, and Miss Horton the Female Assistant and Mr. John Cochran the Steward.

The Superintendent mentions the organization of the Fire Brigade in the Asylum, which has already been noted in the press.

The Trustees report to the Legislature of the trust confided to their care is a very satisfactory one. The third building, known as pavillion No. 2, which has been in progress for a year or more, will be completed by the 1st of March next, and at a cost within the appropriation of \$150,000, which the State gave for it. An appropriation of \$8,000 is asked to furnish it and make it ready for occupancy. By finishing the garret, which is not usually done in such buildings, its capacity has been increased 25 per cent. over pavillion No. 2, and it will accomodate 175 patients. There are many now waiting to enter the Asylum whose applications have heretofore been refused for want of room.

CATARRH OF THE BLADDER IN THE FEMALE—TREATED SUCCESSFULLY, BY DILATATION OF THE URETHRA.

BY A. V. BANES, M. D.

I had a very interesting case a short time since, and as the treatment was so eminently successful, thought it might be of assistance to some of the readers of your monthly. Mrs. F., one of our wealthiest ladies, had been suffering severely with chronic catarrh of the bladder for some weeks. She had terrible tenesmic pains in the bladder, constant desire to void urine a few drops at a time, anæmic, distressed expression, "complete loss of appetite, et cætera." She had employed several of our best physicians, and as she said, they had exhausted the materia medica. She had been fed on *opium*, *belladonna* and all kinds of diuretics until she was about disgusted. As she was six months advanced in pregnancy I made a careful examination, thinking it might depend on pressure, but everything seemed normal in that respect. So after testing the capacity of the bladder, I dilated the urethra and paralyzed the sphincter muscle so as to very readily admit my index finger. Of course all this was done under the influence of *sulphuric ether*. The bladder was gently syringed with *liq. calcis* one pint, *acid carbol.* half a drachm, for three days, and my patient has not had a semblance of a pain since. I saw her this morning, three weeks from the date of operation, and, under the influence of *tonics* and a generous diet, does not look like the same woman.—*Peoria Medical Journal*.

MILK AS A CAUSE OF TUBERCULOUS DISEASES.

Mr Fleming, veterinary surgeon to the Royal Engineers, has insisted upon the urgent necessity that exists for preventing the consumption of the milk and flesh of diseased

cattle. In a paper recently read by him at Norwich, England, he has adduced further proof of the extreme danger to the public from this source, and these proofs are certainly startling and worthy of notice. We learn that tuberculosis among cattle is greatly on the increase, and especially in the higher bred stock; some authorities going so far as to assert that five per centum are affected. As dairy cows are never inspected as to their state of health, as they furnish by far the larger proportion of phthisical bovines, there can be no doubt as to the gravity of the question in its relation to human tuberculosis. As the pig, an omnivorous creature like man, and bearing a close analogy to the lord of creation in other respects, is most readily infected by feeding with milk or tubercle, there is every reason to think that mankind, and particularly children, may be as susceptible as the porcine tribe. It is somewhat strange that though the note of warning was sounded so frequently and so long ago it should not have excited attention. It is not too late now to adopt precautions if what is reported be correct. It is high time that the sanitary condition of milk and flesh producing animals was ascertained. At present there is ample scope for free trade in these diseases and death-dealing articles of food. What with private slaughter houses and unvisited dairies, there is no check whatever.—*Sanitarian*.

Books and Pamphlets Received.

THE ELECTROTYPYER. Chicago, December.

HENRY C. LEA'S SON & CO.: Alphabetical Catalogue of Medical and Surgical Publications.

WOODCOCK'S PRINTERS' AND LITHOGRAPHERS' WEEKLY GAZETTE, 1878 and 1880. Murray st., New York. December, 1880.

THE NEW DEPARTURE—of the American Book Store. Standard books retailed at wholesale prices. 241 Broadway, N. Y.

PHYSICIANS' CATALOGUE: SEABURY & JOHNSON, Pharmaceutical Chemists, New York and London, Surgical Plasters and Antiseptic Dressings.

DOCTOR DISPATCHMQUIC: A story of the great Southern Plague of 1878, by James Dugan (Oneida). Clark & Hofeline, 112 Gravier street, New Orleans, 1879.

THE HOMŒOPATHIC COURIER: A new monthly, edited by W. C. Richardson, M. D., St. Louis. Received too late (January 14) for comment. General appearance favorable.

"MALTINE." To the Medical Profession; with the compliments of Reed & Carnrick, New York: This beautiful little book, of 24 pages, contains a host of recommendations of Maltine from the most distinguished medical men in America.

NEPHRECTOMY. By J. H. McClelland, Pittsburgh, Pa. Reprint from "The Hahnemannian Monthly," for November, 1880. Philadelphia, Pa. Being an account of the successful extirpation of the left kidney, in a girl of twenty, for Nephrolithiasis, with Lumbar Abscess.

ON PREVENTION OF HARE-LIP, CLEFT PALATE AND OTHER CONGENITAL DEFECTS. By J. C. Burnett, M. D., London, with compliments from the author. Reprint from the "Homœopathic World," of which he is editor.

Our appreciation of this paper was expressed by copying it entire in our November issue.

ELECTRICITY: its Nature and Forms, with a Study on Electro-Therapeutics. By C. W. Boyce, M. D. Published by W. A. Chatterton, 83 and 85 Fifth Avenue, Chicago, Ill.

It is a book of 85 pages, on its nature, forms; also, treating of Static, Dynamic and Induced Electricity, and a closing chapter on Electro-Physiology.

There is no book of its pages containing as much valuable information on Electricity, and we commend it to all our readers, for most certainly the average doctor is an ignoramus about electricity; and so it is left to pretenders and specialists.

BILIARY CALCULI, PERINEORRHAPHY HOSPITAL GANGRENE, and its Kindred Diseases, with their respective treatments. By C. H. von Tagen, M. D., late Professor of Operative Surgery in Homœopathic Hospital College, Cleveland, and Hahnemann Medical College, Chicago, etc., etc.

BOERICKE & TAFEL, New York and Philadelphia, 154 pp 8 vol: Von Tagen was a man of talent and always wrote well and exhaustively. His life was not a pleasant or prosperous one. He lost his eyesight about two years ago, and last summer his life from peritonitis, following a surgical operation upon himself, performed by Prof. Hall. The three subjects, as handled in this book, do him and our literature great honor, and the publishers deserve our thanks and our dollars.

Editor's Drawer.

LUDLAM'S DISEASES OF WOMEN, 5th edition, is passing rapidly through the press.

PROF. WALKER'S PAPER, in this issue, was taken from "Trans. Am. Inst. of Homœopathy," 1880.

WE ADVERTISE a new abdominal supporter this month, to which we call your particular attention.

B. W. JAMES, M. D., Philadelphia, attended the recent session of the American Public Health Association at New Orleans, La., where he read a paper on abattoirs.

M. T. RUNNELS, M. D., Indianapolis, by appointment of Governor Gray of Indiana, represented that State in the Quarantine Convention recently held in New Orleans.

ANOTHER EDITOR GONE INTO CAPTIVITY.—Chas. E. Blumenthal, of the "American Homœopath," was married December 16th, to Mrs. Jane C. Lottimer, both of the city of New York.

DECEASED.—On the evening of November 24th, 1880, Mrs. Elizabeth Eggert, wife of Dr. W. Eggert, of Indianapolis, Ind. Dr. Eggert will have the sympathy of many friends in his bereavement.

SUBSCRIBERS IN ARREARS may expect to be drawn upon through the bank, which makes it expensive for us, though very easy to them. The REVIEW will appear in a *new dress* in March—the beginning of Vol. IV.

WHY DON'T Duncan send us his book on "Food and Management of Infants"? We are troubled nocturnally with *squalls*, such as were never heard on a back yard woodshed, or issuing from a dark alley at the "witching hour of night."

DIED.—Dr. Abner R. Bartlett, of Aurora, Ill., on Dec. 26, 1880, a prominent physician of Northern Ill. We know his son, F. L. Bartlett, ex-Mayor of Aurora, one of nature's noblemen, a graduate of our St. Louis College many years ago. The deceased was at one time Professor of Pathology in the same college.

J. P. DAKE, M. D., of Nashville, Tenn., was present at the annual Public Health Convention at New Orleans. He writes that it was a most profitable and interesting session. He urges that our homœopathic physicians should identify themselves with the Association, and make their influence felt in their councils and its work. He was also a delegate, having been appointed by Governor Marks, of Tennessee.

THE HOMŒOPATHIC NEWS has ceased to exist as a medical journal, with our friend, Dr. C. H. Goodman, as editor; but will continue as a gratuitous monthly circular, by H. C. G. Luyties, Pharmacist, well known to all Western homœopathists as a live and reliable business man, dealing in pure homœopathic drugs and medicines. Dr. Goodman will occasionally contribute to the CLINICAL REVIEW, so he will not be lost to sight nor to memory.

DR. MOSES T. RUNNELS, a homœopathic physician of this city, is entitled to the credit of having aroused public attention to the necessity of procuring a better supply of potable water than that furnished by the water works or wells of the city. Dr. Runnels began his investigations a year ago, and has kept persistently hammering at the subject until he has compelled the Board of Health to take action, and forced the directory of the water company to announce their willingness to make better arrangements for supplying the city.—*The Saturday Review*, Indianapolis, Jan. 8th, 1881.

At a meeting of the St. Louis Society of Homœopathic Physicians and Surgeons, held December 20th, 1880, the following resolutions were unanimously adopted:

WHEREAS, Dr. Jaques Ravold, of Greenville, Illinois, has been by death removed from our midst; therefore,

Resolved, That we, the members of the St. Louis Society of Homœopathic Physicians and Surgeons, deeply feel the loss of the deceased, who was an upright, conscientious and honorable member of our profession,

Resolved, That copies of these resolutions be furnished the several homœopathic journals, and that a copy also be sent to the family of the deceased.

W. COLLISSON, M. D.,

J. MARTINE KERSHAW, M. D.,

Committee.

TO OUR ADVERTISERS.—We cannot help admiring successful business men. They always use printers' ink without stint, and thereby prosper. We rather plume ourselves upon having the best advertising patronage of any medical journal of our school.

Our advertisers know where to invest their money to reach the most and best purchasers of their goods, and hence select THE ST. LOUIS CLINICAL REVIEW, whose readers, friends and admirers are legion, and dwell up and down our broad land, from ocean to ocean. Mensman's Peptonized Beef Tonic, Trommer's Extract of Malt, Reid & Carnrick's, Maltine, with its many combinations—Lactopeptine and Bromidia; Marsh's Pocket Spirometer, Horsford's Acid Phosphate, Johnston's Fluid Beef, D. P. Kane's Artificial Limbs, are first-class, reliable, honest goods, and are used extensively and with great success by our doctors in large numbers.

The Saddle Bags and Surgical Instruments manufactured and sold by A. M. Leslie & Co. and A. A. Mellier have a very extensively deserved sale; while Aloe & Hernstein are extensive importers of all kinds of Physicians' Supplies and Agents for Tieman & Co.'s Celebrated Surgical Instruments.

The two pharmacies that are advertising with us and prospering, and the eight medical colleges are flourishing beyond any previous year, viz: The Boston University, Michigan University, Iowa University, the New York College, the Cleveland College, the Philadelphia Hahnemann, the Chicago Hahnemann and the St. Louis College. Gentlemen: We thank you all for your patronage—are proud of you—and we believe that we have contributed to your prosperity, and so it turns out that we are all prospering together. We send you kind words of greeting, and trust the present year may be "a happy one."

THE ST. LOUIS CLINICAL REVIEW

PHILO G. VALENTINE, A. M., M. D., EDITOR.

VOLUME III ST. LOUIS, FEBRUARY 15, 1881. NUMBER 12.

AN ANOMALY IN OBSTETRICAL PRACTICE.

BY DR. J. F. M'CLAIN, OF FRANKLIN, IND.

Read at the Fourteenth Annual Session of the Indiana Institute of Homœopathy, Indianapolis, May 26, 1880.

It is not our purpose to-day to give a special disquisition on anomalies in general in the department of obstetrics, but simply to give the experience of a single case, which chanced to fall under our own personal observation.

The patient, who furnished us with this bit of experience, is a native of Cincinnati by birth, but at the period in question was a resident of Indiana.

She was tall and slender in frame, delicate in feature, a blonde, of the nervous temperament, married, and 24 years of age.

She was the mother of two children—boys—aged respectively $3\frac{1}{2}$ and $1\frac{1}{2}$ years.

On the 29th day of August, last, she aborted, about six months subsequent to utero-gestation. *This* mere fact is not at all remarkable. But further along in the history of our case, we may look for the anomaly in question.

During this six months, however, we might incidentally remark, that there were grave doubts in the mind of our patient, as well as in the mind of her husband, and

her physician as to whether the mere absence of the catamenia warranted the conclusion of pregnancy. No gastric disturbance had been realized. No functional or other disturbances had been experienced, as in former cases of pregnancy. No sensation of quickening had been realized, unless in a single instance, and that one being so slight as to leave a great doubt on the mind of the patient, as to whether it was an actual quickening, or a mere *nervous sensation*, which had been experienced. Added to this, neither the areola, nor the size of the abdomen, warranted more than a slight or doubtful opinion, or belief, that pregnancy existed. On the day previous to the abortion, however, her husband called at my office for some medicine for his wife, stating that she had pains about the uterus and lumbar region, with a show of returning menstruation.

I accordingly gave him some medicine, with corresponding directions as to its use, which she took during the day and evening.

The next morning, however, I was notified by the husband that my patient was no better, and that I had better call over and see her. I did so, and I discovered that what she supposed to be dysmenorrhea proved to be labor pains; and the supposed catamenial flow proved to be slight uterine hemorrhage. These pains were mild, but so regular in their periodical return, and a sensation—as my patient expressed it—“as if something ought to come away,” that I set about an examination. My explorations revealed a partially dilated os, and an occipital presentation of a foetus, with indications of a speedy termination. And within three hours thereafter the foetus was expelled.

At this juncture the anomalous condition of things began to be developed. And, in the first place, the foetus was perfectly enclosed within the investing membrane.

On a second look there appeared to be the entire absence of the umbilical cord. I laid the foetus aside and attended to the further wants of my patient, and in the meantime asked the privilege of taking the foetus to my office for examination, which was granted.

In entering upon the examination, I found the lost cord,

all safely ensconced *within* the investing membrane. It was fully developed and of normal proportions ; but the end which had been attached to the placenta, firmly adhered to the walls of the investing membrane, just at the point of its exit ; but smoothly severed, as by an instrument, close to its outer surface. Sufficient tension could not be brought to bear upon it to detach it from its point of adherence. The wonder in my mind just at that point was, how much of the cord was probably attached to and still remained with the placenta. Our conclusions were, *none*. And our reasons for arriving at such conclusions were the normal length of the cord found within the membrane. And, secondly, at an equi-radial distance from the point of the exit of the cord, there was a reflexion of this membrane, showing that the placenta had been in direct contact with the membrane, and that it had reflected itself over the marginal surface of the placenta, holding it in firm, close proximity, until the weight of the fœtus had become so great by its growth that either the placenta had to relax its grasp upon the walls of the uterus, or the cord be severed by this constant tension upon it. But the cord being weaker than the adhering power of the placenta, the former was the first to give way.

Hence, the cause of this abortion appears to have been purely mechanical. The cord being so completely confined, that no room was left for the ordinary oscillating motion of the fœtus consequent upon the motion of the mother. The necessary and frequent motion of the mother, jostled—so to speak—the fœtus, until the cord could no longer endure the tension, was severed, and this sad fate was the result.

I have often thought of the old maxim, that “human life hangs upon a slender thread.” But I had never thought before of its dangers of being suspended upon a thread like this.

The fœtus was a female, and properly developed. Now, returning for a moment to the mother, we will state that the placenta remained within the uterus for several hours, and had finally to be expelled by force, and not being in a condition to be preserved along with the fœtus, this portion of our specimen is absent.

The patient made a good recovery, and has since been in her usual health.

NOTES ON LONDON HOSPITALS.

CHIAN TURPENTINE.

DEAR DR. VALENTINE—I doubt not but that your readers will be pleased to receive some further information on the practical results obtained from the administration of Chian turpentine, in cases of cancer, on this side of the Atlantic.

In the October (2d) number of the "Lancet" is an able article on this subject by Prof. John Clay, Obstetric Surgeon to the Queen's Hospital, Birmingham, in which the matter is so clearly presented, and the main facts causing dispute are so fairly set forth, that I am persuaded to make several extracts, especially as one case in particular is mentioned that had previously been under treatment at the Middlesex Hospital, in London, and though it is just possible that some of your readers may have seen the number of the "Lancet" referred to, but if they have I am sure it will bear reading a second time :

"It is a matter for regret that the supply of the genuine Chian turpentine has been so limited, as this has led to the substitution of fictitious drugs, the use of which, as I have previously explained, unfavorably influences the results, besides entailing the further disadvantage of preventing a thorough testing of this method of treating cancer. I believe it is a fact that Chian turpentine, in mass, can scarcely be procured in this country at the present time, and, therefore, it is obvious that the treatment of the disease must be somewhat in abeyance until a supply of the pure drug arrives from abroad. I hope that the difficulty will soon be overcome, as I have been making special efforts to obtain the pure turpentine direct from Scio, and have had three excellent samples of the genuine drug sent to me through the post from that island ; a supply may, therefore, be expected shortly, when the purity of the drug will at least be definitely determined.

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"The statements made in my original paper as to the efficacy of Chian turpentine in cancer appear to me to be fully confirmed by the additional experience gained in the use of the remedy. In the cases previously reported the cancer has disappeared, and there are no signs of its return. This fact must be considered at least as a complete refutation of the statements, recently and boldly made, that Chian turpentine in the treatment of cancer is perfectly useless.

The cases just referred to are unique of their kind; for, so far as I know, they are the only instances on record of cancer being cured solely by the administration of an internal remedy. I feel justified, therefore, in stating that uterine cancer at least may be removed by the use of Chian turpentine."

"It is a fact which ought to be expected that most of the cases of cancer which have presented themselves are in an advanced stage of disease; and more especially is this the case in cancer of the uterus. Yet the treatment continues to be very efficient. My experience does not stand alone in this respect, for several gentlemen have given independent testimony of the good effects produced by the turpentine treatment in cancer of various organs.

In my original experiments the turpentine alone was used in order to thoroughly test its efficacy, but it now appears that the use of certain local and general measures undoubtedly promotes the convalescence of the patient. It is possible, therefore, to formulate a line of treatment which shall be successful in cancers of the uterus. Hence, given a case of cancer limited to that organ, and a steady use of the remedy for six or eight months, continued with certain general and local remedies, if necessary, and a disappearance of the cancer may reasonably be expected.

Eleven cases of uterine cancer under this treatment at the Queen's Hospital, besides a number of others in private practice so far justify the preceding statements. Some very interesting facts have been observed during their treatment, which I hope to detail on a future occasion.

"It is advisable not to be too precipitate in rejecting a case of uterine cancer on the ground of its being too far

advanced for treatment. The following case, amongst others, is to the point. Mary B— took her discharge from the Middlesex Hospital, London, about four months ago, and, according to report, was informed that her case was incurable, and that she had not long to live. She had heard of the turpentine treatment, and was very anxious to be under my care at the Queen's Hospital, but I advised her not to undertake the journey, as I believed the case, from what I heard of it, was too far advanced for treatment. This advice, however, she disregarded, and became an in-patient in the Queen's Hospital. Here she was placed under the Chian turpentine, and improved so much in nine weeks that she is about to return to London with every prospect of soon being cured.

"In cancer of the uterus the conclusion expressed in a former paper, that the remedy destroys the cancer cells and causes the death of the growth, is strengthened by experience, and, as a consequence, there is cessation of pain, and hæmorrhage in the first instance. But the turpentine at first does not destroy the blood vessels of the part. As the dead tissue escapes, these become denuded, and give rise to hæmorrhage, especially at the menstrual period. In patients who have passed the climacteric period this has not been observed. *Ergot* has been found of no benefit in arresting the hæmorrhage. Insufflation, with three grains each of *sulphate of zinc* and *powdered charcoal*, once or twice a day, after syringing the vagina, has proved effectual, and appears to promote the obliteration and atrophy of the vessels. The same end may be obtained by using a weak solution of *perchloride of iron* and *glycerine*. I have ordered some patients to syringe the vagina daily with equal parts of common vinegar and water, with good effect. When the anterior walls of the vagina are involved, either primarily or from extension, the case is not so suitable for treatment with the turpentine. A vesico-vagina fistula is soon generally formed, but, if this do not happen, cystitis supervenes, and the patient succumbs to the uræmic symptoms which are rapidly developed. Moreover, the turpentine is not well tolerated; but when a fistula forms it is better borne, and uræmia does not arise.

"Excision of the cervix uteri is not advisable, as the disease readily extends to the anterior wall of the vagina subsequently; and then the bladder complications, above described, arise with increased force. The use of the curette is not so objectionable if it is employed to remove only the sloughing mass after some weeks' use of the Chian turpentine, but it has not been deemed necessary to use the instrument, it being all-important to preserve as much normal tissue as possible.

The mode in which Chian turpentine affects the removal of cancer was well illustrated in a case of epithelioma of the vulva. The patient, aged sixty, had been operated upon for cancer of the clitoris or vulva. The case was reported in the "*Lancet*" at the time. The patient thoroughly recovered from the operation. About a year afterwards cancer reappeared in the lower part of the vulva and vagina. The growth was again excised, and she made a good recovery this time. About eight months afterwards a cancer appeared on the right labium, and when it was there seen for the first time it was the size of a half crown (a little larger than a fifty-cent piece).

It was determined to give the Chian turpentine, and the drug was given in full doses three times a day. At the end of the first week there was no alteration, excepting that the cancer was thought to be somewhat paler on its surface, and the surrounding swelling less. Second week—The growth was coated with a secretion of greyish color, which appeared to be firmly adherent. Fourth week—The growth was only half its former size. Its surface was somewhat convex, and was considerably thicker than previously, and was surrounded by a ring of a bright crimson color. One of the resident surgeons of the hospital who saw it remarked that it looked like a small mushroom springing from the vulva. Sixth week—The growth was now diminished to the size of a fourpenny (ten cents) piece, and was still surrounded by the bright-colored ring, but was free from the secretion. The surface did not bleed on being touched. Eighth week—The colored ring had disappeared. The growth was much smaller, and it had the appearance of a large 'seedy' wart, such as is sometimes

seen on the hands. Tenth week—The growth had all but disappeared, and the patient went into the country for a short time, but promised to report herself when she returned.

“In private practice three cases of cancer of the rectum are under treatment, two of which are much improved, and one has not been seen again, but a favorable report is given after seven weeks’ trial. Three cases of cancer of the stomach are under treatment; one has discharged herself, and the other two have remarkably improved, as regards freedom from pain and capacity for retaining nourishment, though continued sickness continued previously. So far as the treatment has extended, these cases seem to prove that the turpentine is equally, if not more, efficient in cancer of the stomach than of any other organ. In one case the glands of the neck were much enlarged; but these swellings entirely disappeared after the use of the remedy. Four cases of cancer of the tongue have been under observation. In one case the growth was as large as a cherry, and in four weeks it was reduced to a level with the mucous membrane, and it appears now to be cicatrising.”

For the remaining paragraphs of this very interesting article I must refer the reader to the paper itself; but I trust no apology need be made for the lengthy extracts quoted above.

Some months ago I visited the Cancer Hospital at Brompton, and also the Middlesex Hospital, for the purpose of learning the results of the Chian turpentine treatment at these institutions, and to prevent any mistake I will quote from my notes made at the time of each visit:

At the Cancer Hospital, Brompton, I am indebted to the kindness of the Home Surgeon, Mr. Bourns, for the opportunity of following up the line of treatment pursued here.

Chian turpentine has been extensively used in combination with sulphur, and the usual verdict is no success. Many other remedies have been used, including the *chloride of chromium*. I saw cases of carcinoma of the breast—the atrophica kind—some of them involving the axillary glands, where the Chian turpentine had been administered for weeks, and in some instances over two or three months,

without any evident change in the condition of things. Cases of carcinoma of uterus—Chian turpentine administered—no good results observed. Very bad case of carcinoma of inguinal glands—ulcerating—many remedies have been given, including the Chian turpentine, without improvement being apparent. Sarcoma of left maxillary region. Has been removed several times, but has returned each time, and now occupies the antrum and nostril of the left side. Chian turpentine made no impression here. In several cases of carcinoma of the tongue various remedies were used, but no marked success was obtained from any particular one.

These cases are a fair illustration of the estimation in which the Chian turpentine is held at the Cancer Hospital, Brompton, the London institution for treating this disease.

The result obtained from this remedy at the Middlesex Hospital, London, seems to be very similar to that at the Cancer Hospital. Mr. Lawson, Surgeon to the Middlesex Hospital, stated to me that "Chian turpentine had not proved at all successful in the treatment of cancer in the treatment of cases under his management;" and what cases I saw there certainly bears out this remark. The reader will remember that in extracts made from the paper of Prof. Clay, in the beginning of this letter, a case is mentioned that was discharged as incurable from the Middlesex Hospital, and that, after having been nine weeks under the care of Prof. Clay, at Birmingham, she returned to London "with every prospect of being soon cured."

Now, there certainly must be a cause for this difference of result obtained from the administration of Chian turpentine, and I can conceive of no more likely one than that the drug is not always to be relied on as being a good article; and until this one point is settled by obtaining a pure drug, the efficacy or uselessness of the remedy will remain in doubt.

I have received an invitation from Prof. Clay, of Birmingham, to visit the Queen's Hospital there, and see the result of his treatment of cancer, and just so soon as I can travel that distance (I have been confined to the house for some weeks passed) I shall avail myself of his great kind-

ness, and shall certainly write you the result of my experience there.

I hope soon to be in possession of some reliable Chian turpentine, and to watch the result of its administration myself on some cases in London.

Should this remedy prove of benefit in the treatment of uterine cancer alone, it will repay a thousand times any amount of trouble caused in obtaining a reliable drug.

It seems to me that any permanent good must come from an internal remedy given in these cases, for where the os uteri is removed by operation the disease usually spreads faster, and involves the bladder, rectum and vagina, and the urine and faeces pass by a common opening—a terrible condition of things. This rapid spread of the disease might not result if the os was removed at an earlier stage of the disease; but when the cases present themselves they are generally very far advanced; yet, though this should not so often be the case in private practice, who can say that diseases of the uterus—that much abused though sacred organ—are always treated rationally and humanely from the onset?

Fraternally yours,

W. JOHN HARRIS, M. D.

London, December 31, 1880.

FOREIGN LETTER.

DR. VALENTINE—I received your December number of *THE REVIEW* a few days ago, and noticed therein a letter from Dr. Dudgeon, of this city, that would seem to require some explanation from myself.

At first I was inclined to be amused at the idea that a man who eats three square meals a day should be set down as a “phantom;” but this feeling was succeeded by one of sorrow for the gentleman who could write such a kind note—first, that he had perhaps forgotten some things that happened last July, and second, that he should imagine for one moment that I desired to have a “fling” at him, as he terms it.

Nothing was further from my thoughts than to say anything derogatory to the reputation of a gentleman holding such a high position as Dr. Dudgeon says he himself holds; and in making any reference to him in my note to the REVIEW, I was under the impression that I was simply telling what he desired should be extensively known. I congratulate him, however, if I was under some misapprehension. Last July, shortly after my arrival in London, I attended a meeting of the Homœopathic Medical Society of London—(I don't know whether it is the correct title or not). I went in company with two gentlemen from the United States, and at the meeting had the pleasure of being introduced to the representative Homœopaths of London—Dr. Dudgeon included.

It so happened that Dr. Dudgeon delivered the address of the evening, and the statements he then made led me to believe that he was advocating a "going over," as I termed it in my letter to THE REVIEW, that he has taken such umbrage at. I regret that I should have made any reference to the circumstance whatever, but I can not think that I was mistaken, because the two gentlemen who accompanied me certainly arrived at the same conclusion as myself, as we discussed the matter afterward.

If we were all mistaken, or misinterpreted the address, I am very much pleased to be correctly informed, and I certainly do not seek to start any cross-firing.

I have not called on Dr. Dudgeon simply because he did not ask me to do so when I was introduced to him, but I shall do so now to assure him of my most hearty good will, and to thank him for the value he evidently sets upon the good opinion of the Homœopaths of the United States in general, and St. Louis in particular. * * *

I have been very much interested in reading the replies from the Homœopathic Colleges in all parts of the United States, in answer to the circular addressed to them by Wm Bayes, M. D., Hon. Secretary, London School of Homœopathy, and have been greatly pleased to notice in all the same liberality of thought so generally characteristic of American ideas.

While we are all most anxious to bring about a better

understanding on the relative position of Medical Colleges in the United States and England, I, for one, would advise a further and more comprehensive plan than that projected by the London School of Homœopathy.

So far as I have yet been able to learn, a man who graduates in *any* school of medicine in *any* country outside the British Isles, can not practice as a legally qualified man, nor obtain the same privileges that are enjoyed by those who graduate in England, Scotland or Ireland; he can not register under the medical act as it now stands. Suppose our friends in London established a college, and all our colleges in the United States should credit students visiting America with the lectures attended in London, and that those students then obtained their diplomas in the United States, they would not be able to practice as fully qualified medical men in any town or city of the United Kingdom of Great Britain. We should simply be in the same position as Bellevue, New York, and one other college in the Eastern States, stands in relation to the Royal College of Surgeons of England—that is, that the lectures attended by students at those two colleges in the United States are credited on the required terms at the college here—but this does not allow any man to register as a qualified man, unless he has actually obtained a degree from one of the examining bodies here. It is with this condition of things, therefore, that I fail to see where the practical good is to come from any plan being carried out as projected by our London Homœopaths. If I might venture to offer a suggestion to our London co-workers, it would be that they first of all organize a good college, with a strong faculty, and teach *every branch* of medical science, as recommended in an article published in the “Homœopathic Times” for December, 1880. If possible the lecturers should be ahead, in intelligence and ability, of any men in the old school colleges of London. This will not be an easy thing to do, and must necessarily be an up hill work for some time. Neither do I suppose the lecturers can be paid large sums for their services for some years to come, but I should think liberal men would willingly give their time for such a cause—as is generally the case in the States.

As Homœopaths we must not forget that the world—the people—judge us by our works—by the cures we make, and not by what we may believe to be the right law under which to administer drugs.

It is on the popular voice—the people speaking as one—that our thorough recognition must eventually depend, perhaps more so in the States than in England, but even here I judge it must be so to a very large extent. By this I mean that if 75 per cent. of the people of this country were in favor of colleges and hospitals being under the guidance of Homœopaths, it would not be many years before some, at least, would be under such management. That this is not the present state of the case, I think there is very little doubt. Having established the college in London on a sound basis and by a special charter, I think the time then would have arrived to take some steps for International recognition of diplomas. In this matter the American Homœopaths would have a strong voice, because the matter is at present all one-sided, the English and other foreign diplomas being recognized in the States, but not the degree of any one American college, so far as I know, being deemed worthy of registration in England. I hope it will not be many years before the American colleges will be so far ahead of the English that it will be deemed a high honor to hold an American diploma by English medical men. Supposing our friends in London are not able to turn out full-fledged doctors soon enough or fast enough to supply their present and pressing demand, we might perhaps send over a few of our new graduates from St. Louis, and I think there is little doubt that they would keep up the good reputation always sustained by the St. Louis College.

I hope a great number of the wisemen from the West will cross the Atlantic to attend the World's Homœopathic Convention here in July, and feel very sorry I can not spare the time to stay over 'till that time myself.

Please inform my friends that I hope to be with you in time for the Commencement Exercises. We shall start on the Steamer "Illinois," from Liverpool, on Feb. 23d, and certainly we shall not let any grass grow under our feet in crossing the deep blue sea, so that we may be with you for the Alumni meeting. Yours fraternally, W. JOHN HARRIS.
Tottenham, London, Jan. 24, 1881.

SOCIETY PROCEEDINGS.

NOVEMBER 8, 1880.

DISCUSSION OF PREVAILING DISEASES AND INTERESTING CASES.

DR. EDMONDS: In the past few weeks I have seen quite a number of cases of remittent fever. I have tried hard to get the appropriate remedies, but the cases have not made satisfactory progress. They have run along two or three weeks, and exhibited considerable tendency to become typhoid. I have now on hand a case that has continued for four weeks. *Gels.* seemed to benefit a little at first, but not afterward. *Sulphate of quinine* gave no satisfaction. After the case had continued for a week the tongue reddened and became patchy. Considerable thirst was present, but not a great amount of heat at any time. Of the remedies tried, *nux* seemed to do best, suggested by the constipation which has characterized all the cases I have seen. A child in the same neighborhood in the case I have referred to was sick for three weeks. The temperature went up 1 degree, and the pulse varied from 90 to 110. Urine was scanty and high colored. I frequently used *enemata* at the request of the friends.

DR. CURTISS: In a case similar to those Dr. Edmonds has described, I gave 2 wet sheet packs, with a diet of Graham bread and gruel, and effected a recovery in two days.

DR. CARRIERE: I have had some intermittents that I have treated satisfactory with *cinchonidia*.

To one case of intermittent I gave *bryonia* on account of the great aggravation by motion, but without benefit. Then, because of a disposition to cry, I gave *pulsatilla*, and quickly cured the case.

I have had a number of cases of diphtheria that I have treated with *gelseminum* and *mercurius protoiod*, 2x. In severe cases I have the throat swabbed with *alcohol* and *tinct. sulphur*. I regard perspiration as a good sign, but if patients are dry and drowsy the outlook is serious. I have lost no cases this fall; but I lost one last spring. It was at the point of death when I was called.

DR. VALENTINE: I have seen lately what I regard as wonderful actions of remedies. One night I was called to see two children attacked with nausea and vomiting, clearly calling for *ipecachuana*; left *ipec.* 3x, and went home. When I called next morning one child was well, but the other was panting and wheezing with a fine crackling, and presented all symptoms of congestion of the lungs, as we would see them in a case calling for *ipecacuanha*. The question immediately came to my mind, is this a case of aggravation from the remedy? I inclined to the belief that it was, and not remembering the antidote for *ipec.*, I left the two general antidotes for homœopathic remedies, *coffee* and *cumpher*. The child was well next day. A month later the experience was repeated in another case with the same remedy, *ipec.* 3x. I have had another case of aggravation from *colocynth*. The colic for which I gave it was relieved, but cramps of the legs were produced.

Another case has been of considerable interest to me. An old lady of 66 years had an attack of erysipelas—the crimson shining variety—on her nose, extending up to her hair. I treated her with *belladonna* 3x internally and *dilute tinct.* locally, and she recovered. I continued to give her *sulphur* 30x, with a view of preventing further attacks. In ten days it returned upon her cheek from exposure to a cold wind, and I cured her, as I supposed, with *rhus tox.*, vesicular variety; but in ten days more it returned on the other cheek, and I gave her more *rhus tox.* She recovered again; but I mistrusted that there was something malarial about the case, she having been in a malarial region, and I gave her *cinchonidia* $\frac{1}{2}$ gr. every morning. Two or three weeks passed without further developments, when all at once one morning she was taken with a terrible diarrhoea, had cramps in her bowels and legs, and cold sweat and breath, almost pulseless, and had to be carried in from the water closet. When I saw her I concluded I had a congestive chill on hand, but I did not *pour down* the *quinine* or *throw it up* her rectum, as the custom is. I had her wrapped up, hot bottles and hot hops applied, and gave *verat. alb.* 3x. In five minutes, warmth was returning, and she felt better, and in an hour the pain was

all gone, and she soon recovered. I continued the *cinchonidia*, and three weeks have passed without any more trouble*.

DR. PARSONS: Last Saturday Dr. Dean showed us through the wards of the City Hospital. They treat erysipelas there with *F. E. ergot* locally and internally with success. No new cases are developed in the hospital. All wounds and cases of operation are treated antiseptically.

DR. VALENTINE: I treated a doctor for erysipelas, recommending the local application of *belladonna*. He put it on so strong that it poisoned him, made him blind, his throat dry and sore, with a fearful headache. In regard to the use of the *ergot*, I think it constricts the blood vessels and checks the inflammation, just as *hamamelis* checks hæmorrhage.

DR. PARSONS: An old gentleman had rheumatism in his ankle. His wife got hold of some *rhús* and applied it, slightly diluted. The ankle began to itch and burn, became red and covered with vesicles, and his hands and face were swelling. I saw him and applied *chamomile bags*, and gave *rhús* 200. In ten days he was discharged, and has had no rheumatism since.

DR. EDMONDS: I do not believe in isopathy, but in similars. When I was a boy the country people used to treat ivy poisoning very successfully with *nightshade* and milk.

DR. VALENTINE: I want to protest against the doctrine of isopathy. As to ivy poisoning, I have cured whole plantations in Kentucky with *bry.* internally, and never thought of any other remedy.

DR. PARSONS: I believe in trying the new things. I am certain I have seen benefit from the practice of isopathy. Our highest authorities tell us that the high attenuations will antidote the effects of the low. If we have symptoms calling for a certain drug I do not know whether it makes any difference whether they were caused by that drug or some unknown agency. In such a case of poisoning as I have mentioned the drug is not in the system to be eliminated or chemically antidoted, its effects only are there.

*Feb. 15.—The lady has since had another mild attack of erysipelas (the 4th) after eating raw oysters, and she now remembers that three of her attacks have followed the eating of oysters raw, a cause of erysipelas not generally known.

DECEMBER 13, 1880.

DR. PARSONS presented pathological specimens, with remarks as follows :

I have here a heart showing considerable hypertrophy, dilatation of the left ventricle and degeneration of aortic valves, and a section of the popliteal artery of the same individual containing an embolus, which had caused gangrene of the limb.

The patient was attacked with rheumatism in the early part of October last, from which he was confined to bed for six weeks. Shortly afterwards discovered cardiac derangement, shortness of breath, palpitation, etc. About November 19, he had severe pains in the right foot, and afterwards the right leg as far as the knee, which the next day suddenly disappeared, leaving the limb cold and insensible, and mottled in appearance. There was no pulse below the popliteal space, and gangrene rapidly appeared. Not many days afterward the right side and extremities and left side of the tongue and face, suddenly lost their power of motion with but slight diminution of sensation. Dr. Kershaw had been called in consultation by the attending physician, Dr. Uhlemeyer, and pronounced it a case of embolism of the popliteal artery, with probably a speedy and fatal termination. I was summoned on account of the gangrene of the leg, which extended nearly to the knee. The heart complications, the paralysis, and the exhausted condition of the patient, forbid amputation, yet it was suggested for the sake of preventing the cry of improper or neglected treatment by busy-bodies or allopathic foes. His death occurred eighteen days after the plugging up of the popliteal artery, and a post mortem revealed an embolus in the brain, and another at the bifurcation of the popliteal into the anterior and posterior tibials. There was engorgement of the lower lobes of both lungs, with extensive pleuritic adhesions, and the organic cardiac changes as observed in the specimen. The hypertrophy and dilatation are both probably secondary sequences to the degenerative valvular changes, and the emboli were no doubt detached by the arterial current from the borders of the aortic valves, which you will observe are ragged or fringe-like, with extensive fibrous deposits on their free borders.

Another specimen was an urinary calculus, taken from a boy seven years old.

The patient from whom this stone was taken was brought to the children's hospital to be treated for incontinence of urine. He had not the least control over the bladder, and night and day a constant dribbling of urine kept up, which rendered him an object shunned by everybody. He had been in the city hospital, where they "sounded" him but found no stone. I passed a steel sound into the bladder and failed to discover any foreign body. Two days afterward I tried again and felt the "click" almost as soon as the instrument entered the viscus. After consultation with the hospital staff, who advised an operation, I cut into the bladder by the left lateral method, and found this specimen embedded in the posterior wall near the fundus. By means of the scoop it was removed from its bed and caught in the forceps, by which it was extracted after some difficulty. One peculiar feature in the case I wish to relate was this: On the twentieth day there suddenly appeared fecal matter in the urine flowing through the wound, which ceased after a continuance of thirty-six hours. There had been no rise of temperature, no increase of pulse, no pain or swelling in the perineum or region of the bladder to indicate the formation of an abscess, and I can account for this only on the ground that sloughing had probably taken place in the floor of the membranous urethra, due, perhaps, to a laceration or injury in the effort to extract the stone. Recovery was rather slow but is now perfect.

The last specimen was a liver weighing 19½ pounds, and exhibiting a texture and elasticity resembling rubber. Over a greater part of its surface were nodular elevations. The Doctor called the disease melanoid cancer. A tumor had been removed from the patient's eye a few weeks before his death. He remarked:

The subject from whom this specimen was removed, entered the Good Samaritan Hospital November 3d. Constant short or aching pains in the abdomen, right hypochondria, but he had also gastric disturbances, such as occasional nausea, belching, distressed feeling of tightness, loss of appetite, with constipation, high colored or cloudy

urine, shortness of breath, foul tongue, general moisture over the body, sleeplessness, etc., from which he had been suffering for many months, and was gradually growing worse. Six weeks previously he had had removed from the right eye an encephaloid tumor, which necessitated the removal of the whole globe. An examination by the hospital staff was made, and a diagnosis of malignant disease of the liver rendered. The patient's condition rapidly became more distressing and exhausted, the abdomen enlarged wonderfully fast, the walls appearing tightly drawn over a tumor in the right hypochondria, very tender to the touch, large and distended veins were visible in the parietes, and death took place about five weeks after his entrance in the institution. A post-mortem examination revealed a hard, resisting tumor, dark or mottled in color, with spots of a deep blueish-black hue, nodulary, which filled the right hypochondria, epigastric, and part of the left hypochondria, right lumbar, umbilical, and right iliac regions. The mesentery and layers of pelvic peritoneum and mesenteric glands were the seats of cancerous deposits, as also were the pancreas, right leaflet of the diaphragm and abdominal wall. Its weight is $19\frac{1}{2}$ pounds, and its variety melanoid.

The Catarrh of the Respiratory Organs was then taken up.

After the causes and pathology of the disease had been described by Drs. Cummings and Morgan, discussion occurred, as follows :

DR. COLLISSON: In chronic catarrh I have the best success when I use local as well as constitutional treatment, but, if the causes and conditions that have produced the complaint continue to be present, no mode of treatment is very satisfactory. If the disposition to catarrh has once been established, the disease, like consumption, is very apt to recur. For nasal catarrh, *kali bi, ars. and puls.* have been the remedies most satisfactory to me. Lately *alumina* has relieved in three cases, with profuse stringy mucous which was not benefitted by *kali bi*. I am now using in the treatment of some cases a local application consisting of an ounce of *calendula tinct.* and a dr. of *carbolic acid* to a pint of water. I apply this once in two or three days

in a spray or douche, and direct the patient to snuff some of the same up the nose occasionally. In the treatment I always try to avoid irritation. There is another quite interesting case that I have been treating quite successfully. For six years a lady has been greatly troubled by terrible frontal headaches, followed by perfect torrents of mucous from the nose, which thickened with the advance of the attack. The attacks considerably resembled those of hay fever. I treated her with inhalations of *ether* and *chloroform* during the attacks and *cimicifuga ter die*. She has been really free from the complaint for six weeks.

DR. FROHNE: For pharyngitis I use a gargle of *merc. cor.* 1'; for hypertrophy of the tonsils, *carbo iod.*; for inflammation of the Eustachian tube, *petroleum*. For chronic pharyngitis, if scrofulous, I use *sulphur*, *phos.* or *alumina*, and may be *arg. nit.*, or *acet.*, locally.

DR. CUMMINGS: For catarrh I have used with benefit a spray of *benzoate of soda*. It seems to have no effect upon diphtheritic membranes. Sprays should be used as hot as can be borne.

DR. KERSHAW: I am treating a girl that suffers from headaches which indicate that the frontal sinuses are involved. She also has pustules on the scalp. I have given *sulph.*³⁰ with some improvement. Catarrh is moist or dry, according as there is hypertrophy or atrophy of the mucous membrane. Worms have been known to take lodgings in the nasal cavity and cause catarrh. They are hard to remove, but *chloroform* may do it. Vegetations on the back of the pharynx may cause catarrh, which can only be cured by treatment directed to them. *Nitric acid* locally, I think, is best. The douche is of some benefit, I think, in the treatment of catarrh.

DR. CURTISS: Can the sense of smell be restored after it has been lost through catarrh?

DR. WALKER: The sense of smell will generally be restored if the catarrh is cured; but I think chronic cases are almost never permanently cured in this climate. The same predisposition and conditions which caused the disease in the first place continue and render a cure almost impossible. Change of climate and habits is about the only cure for catarrh.

There is some peculiarity about the acute catarrhs that has been prevailing this fall. They seem to be somewhat malarial. *Quinine* helps some cases, but not all. At the onset of the disease, when there is hot head, *baptisia* or *gels.* may afford relief. The disease is too deep-seated for *camphor.* I relieved one case remarkably with *nux.*, but it did no good in others. In the later stages *merc. ars.*, and especially *hepar.* have been most satisfactory. I use *ars.* when the discharge is acrid, and *ars. iod.* if I think there is a scrofulous taint.

DR. GUNDELACH: I use *acon.* and *nux* in the beginning, and *merc.* generally in the latter part of the disease. Acute cases nearly all get well any way, whatever the treatment, and chronic ones are never cured, I think.

DR. KERSHAW: On what indication is *baptisia* used?

DR. WALKER: A pointed sappy tongue and listless manner.

DR. G. S. WALKER'S PRESIDENTIAL ADDRESS BEFORE THE WESTERN ACADEMY OF HOMŒOPATHS, AT MINNEAPOLIS.

I cannot let this good opportunity pass without saying a few words upon the text given above.

Many of us have known Dr. Walker, of St. Louis, for several years, as a hard-working, faithful practitioner of medicine. We have known of his success and local reputation; and, at times, coming in contact with him, we have enjoyed an hour's conversation and learned to prize the learning and the wisdom of the man. But, till the address delivered at Minneapolis came before us, we little thought of the literary and logical power stored up in his massive head.

I am not writing a review, nor a notice of the pamphlet lying upon the desk before me—that must be done by my good friend the Editor—but I wish to discourse, briefly, upon the good fortune of the profession in breaking an earnest man away from the daily drudgery of practice, to open out the gathered treasures of his mind for the benefit of the medical world. Dr. Walker, in beginning his address, says: “I was lying mentally crippled, I fear, by the sullen pool of Absorption in personal interests and professional cares, when your angel kindness descended and so troubled the stagnant waters of my life that I feel, throbbing in my mental veins, something that resembles the strong current of returning health. Or, to change the metaphor, I was mentally growing old—had paced my score and bidden a tacit farewell to the more active duties and responsibilities of the world of mind—had resigned myself to dressing-gown and slippers, and was only thinking how I might spend my declining years in pleasant and graceful repose, when your flattering courtesy came, like the fabled adventurer of the East and led me to the fountain of perpetual youth, and I drank and became—*the boy you see.*”

Here comes into bold relief *the immense good of society organizations*. They take men from the limited circle of their daily rides, from sick-room scenes, where contradictions and controversy, professional criticism and conflict seldom enter to make up and sharpen their minds, into an arena, where thought strikes thought and argument grapples with argument, in the effort to win the golden apples of truth. I could, at this moment, name quite a number of medical men in the United States, who, like Dr. Walker, have been for years and years visiting the sick and prescribing remedies with exceeding care and great success, whose words are law and whose very presence brings relief to a large circle of clients—whose influence spreads over an entire city or region of country—that would immensely increase their sphere of usefulness and aid the profession at large, were they to attend the large society meetings and take part in the transactions.

Bro. Editor—the above was written upon first perusal

of Dr. Walker's fine address, but, somehow got shoved away among other papers, so as to escape my attention till this moment. The inspiration of that pleasant hour has given way to the demands of daily work, so that I can not finish what was then in mind.

I send the opening thought, however. It may prove suggestive.
J. P. D.

INFLUENCE OF CLIMATE IN CONSUMPTION.

Prof. Barthalow, of Philadelphia, speaks of this subject as follows :

"In considering the subject of a suitable climate for a pulmonary invalid, I will not go beyond the limits of the United States, within which are contained the utmost variety, and, indeed, the perfection of health resorts for this purpose. In the absence of any statistical data showing the results of prolonged residence in particular localities which might indeed settle the question, we have some general principles to guide us, too little regarded by the profession, but of great value. We owe to Dr. Bowditch, of Boston, the eminent physician and sanitarian, the first principle, which he established for Massachusetts, and which have been confirmed on a larger scale for England. The Bowditch generalization is, that there is a constant ratio between the number of cases of consumption and the amount of water—rainfall and collections of water in streams, ponds and lakes. This principle is not applicable to the ocean, where other conditions obtain. Certain parts of England, having had a large mortality from consumption, present a very different report since suitable drainage works have been put into operation. You need only to cast your eye over the elaborate Atlas of Medical Geography by Lombard, to see how large a part excess of moisture plays in the geographical distribution of phthisis. All along the sea-coast are traced the deeply-shaded lines, whilst in the elevated interior regions the mortality has disap-

peared. It is true that density of populations and other evil hygienic influences are at work, but excess of moisture is a large factor.

Next to dryness of soil and climate as a remedy for consumption is elevation. This fact stands out as conspicuously in the great Atlas of Medical Geography as the previously-considered influence. In the elevated regions—the great plains and plateaus of India, Africa and America—phthisis is almost unknown (Lombard, vol. iv. p. 420). Elevation has an important influence in the relief of phthisis, because the air is dry and rarefied. Breathing rarefied air lessens the intrathoracic pressure, increases the rate of the respiratory movements and the rapidity of the pulmonary circulation. Residence in a rarefied atmosphere increases the rapidity of the circulation and the amount of blood in the peripheral vessels. The influence of these factors in promoting digestion, assimilation, and tissue metamorphosis are unquestionable. Uniformity is only less important as a requisite for a climate for pulmonary invalids. The reason of this requirement is obvious. Those invalids in a condition to be benefitted by out-door exercise need an equable temperature in which to pursue their sports or recreations with safety. But more important than this is the bad influence of a variable climate in causing attacks of bronchial catarrh, a morbid process so much concerned in the production of caseous phthisis. Applying these principles to the question of a climate for consumptives, I place first on the list the great plains and plateaus of our interior continent, next certain parts of California, then a limited district, of which Aiken, South Carolina, may be regarded as the center, and lastly, the upper lakes and Minnesota and the Red river of the North.—*Medical News and Abstract*, May, 1880.

BROMIDIA.

Having used *bromidia* for the last eighteen months, I am now convinced that it merits a leading place among our best therapeutic agents. I have used it frequently, and find it without an equal in quieting the cough in pulmonary

consumption. In every case of this disease in which I have used it, it has never disappointed in completely controlling this troublesome symptom, thereby securing a rest at night with refreshing sleep. It does not depress the patient or destroy the appetite as opiates do when used for this purpose. Of course, I do not claim that it exerts any influence over the disease, but by its influence in quieting cough, securing sleep without destroying appetite, it gives us a chance to improve the condition of the patient by regulating diet, tonics, etc. I usually prescribe *bromidia* with equal parts of *syr. prunus vir.*, beginning with a teaspoonful three or four times a day (of the mixture), increasing the dose until relief is obtained. In the cases where the cough is troublesome only at night, I find one dose an hour before bedtime, and repeated before the patient retires, to effectually control the cough for the entire night.

I have used *bromidia* in three cases of delirium tremens, in all of which it acted like a charm. I gave a teaspoonful every twenty minutes until sleep was produced. I am now using it in several cases of whooping-cough. It controls the cough, but I am at present unable to say what effect it will exert on the ultimate course of the disease.

In all cases where there is restlessness or inability to sleep from any cause I use it, and have never been disappointed with the result; in fact, I consider it one of the very best remedies at the disposal of the profession.

WM. J. LANGAN, M. D.

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BILIARY CALCULI.

EDITOR MEDICAL BRIEF:—In the June number Dr. C. S. Smith asks for a reliable remedy for biliary calculi. I. J. M. Goss, M. D., gives him an uncertain reply, with questions, etc. Let me inform them that I have suffered from the presence of gall stones as persons seldom suffer. For fifteen weeks almost every day one or more calculi passed, and, consequently, the pain and anguish was every day in-

creased to that extent that the inhalation of *chloroform* appeared to me to be the only thing to keep body and soul together. *Chloroform* gave only temporary relief. Have inhaled it over a hundred times. Used every remedy of the *materia medica* that promised any relief, as prescribed by our most learned and experienced doctors, but without relief from any of them. Finally, upon advice of Dr. Pitchers, of Detroit, took the then new remedy, which relieved me of over one hundred crystallized globes as large as a marrowfat pea at one evacuation. I have since treated more than a score of sufferers with the best results, and to the satisfaction of all concerned. Remedy: *Sweet olive oil*, six to eight ounces. Fist empty the stomach by emetic or by fasting (the latter way preferable). Twenty or thirty minutes after swallowing the *oil*, which will give time for it to pass into the duodenum, recline upon the left side, with the hips elevated higher than the shoulders. The *oil* will find its way down the ductus communis and reach the enemy in their castle, to-wit, the gall bladder. Every calculi will be lubricated and slide out of the fount and through the intestines. Now, to be certain that the desired result has been obtained, let the stools be dejected into a vessel half full of water, and the little green globes will be found floating upon the water. No cathartic will be necessary. Nothing more need be done. I recommend the foregoing treatment with the utmost confidence. I have experimented extensively upon *cholesterine*, but have never discovered a solvent that could be safely introduced into the stomach. Our supposition is, that the occasional use of the *oil*, as above, the *cholesterine* will not crystalize in the human system.

J. W. BABBITT, M. D.

Ypsilanta, Mich.

Surgical Bureau.

In Charge of S. B. PARSONS, M. D., Surgeon.

EXTIRPATION OF ENTIRE UTERUS FOR UTERINE FIBROMA

BY S. B. PARSONS, M. D.

Mrs. K., aet. 30, German, has had menstrual irregularities for many years, being at times too frequent, then delayed, too profuse, accompanied by pain of various characters, which were sometimes very severe. Three years ago she first noticed there was a tumor in the hypogastrium, which slowly increased in size, and a year afterward discovered that there were two instead of one, and another in the pelvis, which could be easily felt through the vaginal walls. Difficulties and derangements of defecation and urination began about this time to appear, and continued in varying degrees up to the time operated upon.

Previous to my being called to the case, surgeons and physicians in considerable number had been in attendance, but any relief they may have given her was only of temporary duration. The tumors grew upwards and downwards, causing her great distress of mind as well as of body, until, in desperation, she concluded to try a homœopathic physician, and Dr. Adolphe Uhlemeyer was summoned, who at once recognized the gravity of the case, and requested me to meet him in consultation.

A careful examination developed a tumor which completely filled the pelvic cavity, and so pressed upon the rectum as to prevent fecal matter from passing beyond the sigmoid flexure in any manner other than an occasional lump.

The vaginal growth was pressed firmly against the posterior vaginal wall, crowding the uterus close behind the symphysis, drawing it upwards, making it rather difficult to find the mouth and neck. The tumor could not be lifted

from the pelvic cavity by the hand introduced into the vagina, so tightly was it wedged in this space.

In the abdomen two other tumors could be felt, one quite moveable and the other stationary. None were tender to the touch, excepting at one or two spots, which were thought to be due to attacks of local peritonitis. Attending this condition were many of the symptoms of pregnancy, such as morning nausea, enlarged and tender breasts, bluish appearance of the vaginal walls, frequent micturition, with pain at the external meatus, due to a vascular growth there located. After thoroughly surveying all the different phases of the case, a removal of the tumors by laparotomy was advised, and the probabilities of an unsuccessful issue, as it might be necessary to remove the whole of the womb in order to completely extract the diseased mass, were plainly presented to her and her husband. Her answer was, that she would as soon die as live longer in the misery she now suffered.

On February 1, assisted by Drs. Uhlemeyer and Collisson, Messrs. Guilbert, Doty and Shirley all preparations having been made, she was anesthetized, and an effort made to remove the growth through the vagina by enucleation, which failed on account of the size of the tumor, and also because it had no distinct capsule. An opening into the abdominal cavity was then made in the median line, extending from two inches below the umbilicus to the symphysis, and a full exploration with the hand instituted, which disclosed the fact that the large tumor felt in the vagina and the large one in the umbilical region were only the upper and lower ends of the same growth, and involved the whole posterior wall of the uterus. There were no peritoneal adhesions, and no ascitic fluid. The abdominal wound was lengthened to an inch above the umbilicus to permit turning out of the mass, as the first opening was not large enough. When fully exposed to view it was seen that both ovaries were in a state of degeneration, each containing small cysts, and the right ovary showed a fresh rupture of a Graffian follicle, although it had been nearly four months since she had menstruated. The right broad ligament contained a cyst the size of a pullet's egg, and the anterior uterine wall was the seat of a polypoid sub-peritoneal fibroma.

I now decided to remove the uterus as well as both ovaries, and, transfixing the supra-vaginal cervix with a large needle, I tied it firmly with a double ligature of stout fish line, embracing in the anterior loop the left broad ligament, and the right broad ligament in the posterior loop. By a few sweeps of the knife the whole of the diseased parts were severed above the point of ligation, in doing which a quantity of blood flowed from the tumor and uterus into the abdomen, notwithstanding a compress was held closely around the pedicle to prevent such an occurrence; but the continual protrusion of the intestines disarranged it and allowed more or less to run back into the cavity. Carbolized sponges were used to cleanse the peritoneal surfaces, and so continued until they returned clean or without any blood stains. The cervical stump was drawn down to the lowest point of the external wound, and fastened there by two strong sutures introduced through the integuments of the left side, made to transfix the cervix and pass out at a corresponding point of the skin on the right side. The remaining part of the abdominal wound was closed by deep and superficial sutures, antiseptic gauze and bandage applied, and over all a thick layer of wadding. The patient was then carried to her bed, and four hours afterward reaction was fairly established. *Ars. 3* and *quinia* were given alternately every two hours, and the first night passed in comparative comfort, there being but little pain, some nausea, and about four hours' sleep altogether. The next day the nausea increased, and its increase proportionally aggravated the sufferings, which, in spite of all our efforts to check it, continued to grow worse; vomiting of a greenish, watery substance followed, the strength rapidly failed, and she died about forty-two hours after the operation.

I should have remarked that everything used at the operation was carbolized, as well as were the operating room and room in which she was afterwards put.

**TREATMENT OF HEPATIC ABSCESS BY
LARGE INCISIONS UNDER LISTER'S
METHOD.**

Dr. Rochard recently presented a communication to the Acad-de-Med., on the above subject, the gist of which was as follows : Local pain is felt only when the pus has approached the surface of the liver, thus causing a perihepatitis. Sometimes a voluminous abscess will be found at an autopsy when vital symptoms of its existence were never obtained. Reflex pain in the right shoulder is no characteristic symptom. In most cases the hepatitis follows dysentery or other diarrhæal affections. The affection may be suspected when a person having suffered from enteritis developes fever, is troubled with his digestion, and shows an enlarged liver. When the febrile movement assumes a hectic type the formation of pus may be known to have occurred, and explorative puncture should not be delayed. Frequently it becomes necessary to make several such punctures before pus is detected. *This is a harmless procedure.* (The italics are our own—Ed.) Pus having been found, a large incision, parallel with the direction of the ribs, should be at once made. The cavity of the abscess is then to be washed out with *carbolyzed water* until thoroughly cleansed. Then a large drainage tube is inserted deeply into the wound, secured in its position, and then covered over with the Lister dressing. This is to be removed once a day, the drainage tube being also removed for cleaning at each time, and reinserted after having been shortened to correspond with the shrinkage of the cavity. In the three cases described by Rochard this shrinkage was remarkably rapid, and it was associated with a return of the patient's appetite, a permanently febrile condition, and a corresponding amelioration of the patient's general health. The facts relating to these cases were obtained from Dr. Little, of the Shanghai Hospital, and a French Marine Surgeon, who had himself undergone the operation. A fourth successful case, referred to by Dr. McLean, was also alluded to.

[We suppose the author means exploration with the aspirator when he speaks of explorative puncture and its

harmlessness, and to make the operation devoid of danger it must be borne in mind that aspiration should be kept up while the needle is being withdrawn, else the contents of the sac may find its way into the peritoneal cavity and develop a rapid peritonitis].

CANCER OF THE RECTUM.

In the "N. Y. Med. Jour." for Dec., 1880, Dr. C. B. Kelsey presents an analysis of one hundred and forty cases of excision of cancer of the rectum, and draws the following conclusions of the relative value of excision, as compared with lumbar colotomy :

First—The fatal results which have thus far been recorded as following excision, nearly all occurred in cases where, from the extent of the disease, such a result was not improbable.

Second—When the disease reaches above three inches or involves neighboring parts to such an extent as to render its entire removal without injury to the peritoneum questionable, the operation is contra-indicated.

Third—Although there have been a few cases of cure, such a result is so rare as not to justify the exposure of the patient to the risk of immediate death which attends the attempt to remove extensive cancerous disease.

Fourth—The operation is chiefly valuable as a palliative measure, and as such it is applicable to cases where the disease has not made extensive progress.

Fifth—As a palliative measure, in proper cases, it compares favorably with the results of lumbar colotomy, both in prolonging life and in relieving pain.

Sixth—The operation is not followed by an annoying incontinence of feces, except in a small proportion of cases.

Seventh—The operation is not a substitute for lumbar colotomy in cases where the disease has reached more than three inches from the anus.

Eighth—There is no proof that the operative interference shortens life by hastening the progress of the disease.

CASE OF CHOLECYSTOTOMY.

An interesting case of cholecystotomy, performed for dropsy of the gall bladder, due to impaction of a gall stone, has been reported in the "Medico-Chirurgical Transactions," vol. lxiii, by Dr. Lawson Tait. The patient was a female who had enjoyed good health until the summer of 1878, when she complained of severe spasmodic pains in the right side, which were aggravated by walking or by lifting even slight weights. In September of that year she noticed a swelling at the seat of pain, and this slowly increased. She then began to lose strength and flesh rapidly, and on admission to the hospital presented an emaciated and almost cachectic appearance. She suffered from incessant headache and obstinate constipation. When examination was made, a heart-shaped tumor was detected at the seat of pain, directly over the right kidney, which was perfectly moveable, and extremely tender to touch. No decided diagnosis was made, but in consultation it was determined to open the abdomen, as recommended Drs. Hanfield Jones and J. Marion Sims, in order to ascertain the nature of the tumor. An opening was, therefore, made in the abdomen in the middle line, to the extent of four inches, the umbilicus forming the centre of the incision, when it became evident at once that the tumor was a distended gall bladder. After withdrawing some twelve ounces of a white, starchy-looking fluid, the gall bladder was opened at the point of puncture, and a large, round gall stone removed, weighing 4.2 grammes. On further search another of larger size was found, impacted at the entrance of the duct. This was difficult to seize, and was subsequently found adherent to the mucous surface. To remove the impacted stone without tearing the walls to which it was attached was accomplished by a very careful and protracted lithotomy, when the nucleus was discovered and removed. The cavity was then washed out thoroughly, and the wound in the gall bladder stitched to the upper end of the wound in the abdominal wall by continuous sutures, leaving the aperture in the bladder quite open. The abdominal opening was then closed in the usual way. The operation was performed with complete antiseptic precautions. The patient rallied subsequently, and continuing to improve, left the hospital in one month, free from pain and all her former symptoms.—*Med. Rec.*

Book Notices.

OUR OCCASIONAL.—From Cincinnati Type Foundry, January Number.

GOOD LITERATURE.—A weekly, published by American Book Exchange.

SAMPLE pages of *Ludlam's Diseases of Women* 3rd Edition.—By Duncan Bros., Chicago.

NEW YORK MEDICAL ABSTRACT.—Vol. I, No. I. A monthly journal of condensed medical news.

CATALOGUE of Field, Garden and Flour Seeds for 1881. For sale by Joseph Harris, Rochester, New York.

PROPORTIONS BY WEIGHT AND EQUALIZATION OF DOSES.—By Albert Merrill, M. D. Reprint from "New Remedies," Jan. 1.

ADENOID OF THE RECTUM — EXTIRPATION — RECOVERY. By F. I. Lutz, M. D. Reprint "St. Louis Med. and Surg. Jour."

THE MEDICINAL TREATMENT OF DISEASES OF THE VEINS.—By J. C. Burnett, M. D., London, England, with the author's compliments. Review to follow by a Surgeon.

FERMENTATION, as a process in the disinfection of rooms, after small-pox.—By J. P. Dake, M. D., Nashville, Tenn. Reprint from the "Hahnemannian Monthly," Jan., 1881. This we shall copy into our pages next month, as Small pox is now getting epidemic in many places in the West.

BOERICKE & TAFEL'S QUARTERLY BULLETIN.—In which we learn that our Prof. Edmonds, as good and true a man as ever stood behind a lecture desk, has "In preparation for the press, a Book on Diseases of Infants and Children." Duncan! Look out for your laurels. You know how Chicago loves St. Louis.

TRETHING AND CROUP.—By W. V. Drury, M. D.,—M. R. J. A., Physician in charge of Diseases of Children to the London Homœopathic Hospital. Enriched with notes and additions, by T. C. Duncan, M. D. Another well written little book on two very important subjects, which, after being "enriched" by Duncan, reaches us in good style. 58 pages—something smaller than "How to be Plump."

PHTHISIS PULMONALIS, and its Treatment with Hypophosphites.—By L. de Bremon, M. D., University of Paris, (France.)

The author takes the ground that the "diminution of the phosphorus element in the system is one of the essential conditions of the tuberculous diathesis." In some way this phosphorus must be supplied, in order to accomplish a cure, and gives preference to the hypophosphites.

He states positively that cod liver oil neither cures nor retards the progress of phthisis, but that an easily assimilated preparation of phosphorus will cure "in all cases." "When the pre-existing lesion is not sufficient to cause death."—*Churchill*

MEDICAL LEGISLATION.—A discussion of the two Senate bills now before the General Assembly of Tennessee. By a Citizen. Said Citizen is opposed to Examining Boards, such as they have in Illinois, and are about to pass in Missouri, but is in favor of leaving it to the people to decide by the doctors success, whether he is competent or not to be entrusted with their lives and health. That neither Colleges, nor Boards, could make a man honest, or capable, or correct. That "diplomas are not hard to get," and that the judgment of an "enlightened community in which he lives and labors," is safer than the certificate of a set of examiners, who know the applicant "but an hour."

OBJECTIVE POINTS IN THE TREATMENT OF PHTHISIS.—By Wm. Porter, A. M., M. D., St. Louis. Reprint from "The Medical Herald."

This paper discusses and criticizes Prof. Austin Flint, Sr's. position that "Phthisis is a self limiting disease." Dr. Porter controverts and denies this position, and points cases to prove his views. He claims however, that this fell disease "may be limited by treatment." He thinks more of "maltine with peptones" than of cod liver oil; and here we agree with him, and for "the night sweats of phthisis" he says: "Oftentimes this symptom may be controlled by a few grains of Dover's powder at night, and at the same time rest be secured from cough." Here we agree again, and this is as fine an illustration of *similia* as can be found in medical literature.

A *diaphoretic* given for a *diaphoresis* by a well known specialist, accomplished in the therapea of his own school.

THE FEEDING AND MANAGEMENT OF INFANTS AND CHILDREN, and the Home Treatment of their Diseases.—By T. C. Duncan, M. D. Sold only by subscription. Cloth, \$2. Half morocco, \$2 75.

It is almost a work of supererogation to attempt to review this book, wherein so much useful knowledge is gathered and grouped, and imparted. It is *par excellence*, the best work extant on the subjects treated, and surely ought to be in the hands of every wife and mother, and I would add, sweetheart, too. It is none the less valuable to the physician as a *suggester*, and for the reason that the ground is well covered and discussed from the standpoint of physiology. And this constitutes the author's impregnable position, and makes it a pleasure to follow him, as he will invariably, give a scientific explanation for each morbid phenomenon with the physiological, dietetic or homœopathic remedy for its removal.

In this respect he has pushed ahead of the great mass of writers, and given us his views, evolved through many years of careful and thoughtful study and experience. The philosophy of common sense permeates every page, with no attempt at show of learning, though learning shows itself, through the extensive knowledge made use of. From among the host of good things, we select Chapter III Pt. I. on "Common Causes of Diseases among Children," as one of the best. Here he discusses the effects of the climate of Europe, America and the

different States, and claims that the predisposing causes are "climatic, national and constitutional," the exciting causes, chiefly "atmospheric, hygienic, and dietetic." There is much that we did not know, and are glad to learn in this chapter. The book is uniquely illustrated, and handsomely bound in olive green and gold, fit to lie upon the table in any lady's boudoir. As it is to be sold only by subscription, it will probably reach a sale of 20,000 copies in two years, and will do a world of good. The mothers sigh for it, and the children cry for it.

AN INDEX OF COMPARATIVE THERAPEUTICS—With Tables of Differential Diagnosis. A pronouncing dose-list in the genitive case. A list of medicines used in Homœopathic Practice. Memoranda—concerning clinical thermometry—incompatibility of medicines, ethics, obstetrics, poisons, anæsthetics, fees, asphyxia, urinary examinations, Homœopathic pharmacology and nomenclature, etc. By Samuel O. L. Potter, M. D., President Milwaukee Academy of Medicine, and author of various monographs. Chicago. Duncan Bros.

This volume of 280 pages is a most excellent and convenient compilation of the chief remedies of both schools in daily use. All the diseases are mentioned, and in two parallel columns the treatment given in a condensed form. The left hand column, the old School, the right hand, the Homœopathic.

Thus, at a bird's-eye-view, the two kinds of treatment are seen; and it is remarkable that about one-third of the remedies used in each disease by both schools are identical, differing only in the dose. Authorities are quoted for every drug used, on both sides, and no claim is made, for originality in anything but for the arrangement, which was certainly a happy thought carried into happy execution.

The principal authorities quoted on *our side*, are Hughes, Hale, Hempel, Lillenthal and Rudduck. On *the other side*, Bartholow, Ringer, Phillips and Piffard. As a *multum in parvo*, it excels, anything in our branch of the profession.

Duncan Bros. have printed and bound it in a beautiful soft black leather binding, with a lapel cover, and made it to fit the overcoat pocket. As a Publishing House these enterprising brothers are greatly improving in their work, which the book buying public truly appreciate.



Editor's Drawer.

THE MEDICAL CALL is before us, and is welcomed as a respectable exchange, and as a Quarterly, we wish it success.

TO THE ALUMNI.—All Alumni of the old college, desiring the *ad eundum* of the new, will please send in their names at once to the Registrar, Dr. Philo G. Valentine.

NEW YORK HOMOEOPATHIC MEDICAL COLLEGE.—The class of the present season in this institution numbers 165 students. Of this number 60 will apply for graduation.

ALL subscribers in arrears and desiring VOLUME IV, will please make it known in a substantial way. If the "Investigator" publishes a list of the "Dead Beats," we shall help him to swell the number.

PENSION SURGEON.—Dr. F. Wm. Schellhase, of Tell City, Indiana, a graduate of last spring, has received the above government appointment. Another one of our Alumni winning laurels among the Hoosiers.

OUR COLLEGE COMMENCEMENT will take place at Pickwick Hall, Washington avenue, on the night of the 10th of March. Prof. C. H. Goodman delivers the Faculty Valedictory, and Eugene A. Gilbert, of Dubuque, Iowa, the Class Valedictory. All friends of the college are welcome.

THE MEDICAL HERALD appears this month, and is the successor to "The News," and claims to be the News in all but the name. Our good friend Goodman has associated with him in his editorial labors, Dr. C. W. Taylor, who will take the business management.

HOMOEOPATHIC COLLEGE FREE DISPENSARY REPORT FOR DECEMBER AND JANUARY.

Cases—Surgical, for December and January.....	350
“ Gynæcological.....	117
“ Eye and Ear.....	126
“ Neurological.....	105
“ General.....	918

Total for December and January..... 1676

Grand Total at last Report..... 7775

Grand Total to February, 1881..... 9451

Dr. Parsons, Surgeon; Dr. Collisson, Gynæcologist; Dr. Campbell, Oculist and Aurist; Dr. Kershaw, Neurologist; Dr. H. J. Dionysius, Physician in charge of General Clinic. All the special cases were shown to the class, and a large number of the General Clinic. A better rendezvous for practical therapeutical lessons cannot be found.

THE HOMŒOPATHIC COURIER gave us such a *slap in the face* by saying that the "South-west never had a representative homœopathic journal" before it appeared, that we haven't breath enough left to respond even feebly, to the sad announcement. Such braggadocio will meet its timely reward.

WORLD'S HOMŒOPATHIC CONVENTION 1876, VOL. II. HISTORY.—We are desired by the editor to state that the above book is completed, and has been sent to all entitled to receive it. (Our copy has arrived.) If any one has failed to do so, he will please notify Dr. J. C. Guernsey, 1923 Chestnut street, Philadelphia.

THE WALKER MANSION, on Washington avenue, was the scene of a very large entertainment given by the host on the 10th of February, to the trustees, faculty, students and friends of the Homœopathic College. There were recitations of poetry and oratory. There was vocal and instrumental music, much social converse, and a choice collection of everything good to eat, that only a good housewife knows how to provide.

The doctor and his charming wife gave their delighted guests a warm welcome to their elegant home. Several distinguished persons, not doctors, were present.

ST. LOUIS STILL THE HEALTHIEST CITY ON THE CONTINENT—The mortuary report for the past week shows 136 deaths, 3 less than the preceding week and 54 more than the corresponding week of last year.

HEALTH STATISTICS.

Dr. Luedeking, Clerk of the Board of Health, has prepared a comparative table of deaths for the year 1880, which shows that St. Louis, with a population of 350,522, still holds her own as the healthiest city on the continent. The table is as follows:

	Population.	Total mortality.	Rate per 1,000.	Deaths under 5 years.	Per ct. of deaths under 5 years to total mortality.
St. Louis.....	350,522	6,635	18.92	2,934	44.26
Cincinnati.....	255,708	5,126	20.04	2,196	42.08
Philadelphia.....	846,984	17,385	20.05	6,491	37.03
Chicago.....	503,298	10,462	20.08	5,600	53.05
Boston.....	363,938	8,369	22.09
Brooklyn.....	566,689	13,171	23.02	6,193	47.00
Baltimore.....	332,190	8,080	24.03	3,629	44.09
New Orleans.....	216,359	5,526	25.05	1,981	35.08
New York.....	1,206,590	31,770	26.03	14,599	45.09

DUNCAN BROS. PUBLISHING HOUSE.—The industry and enterprise of this house, is something remarkable. From small beginnings a few years ago, it has become a power in the land, and turns out handsome books several times a year, and more coming. The last one, On "Feeding and Management of Children," we read aloud to our baby, and it fattened three pounds in three weeks.

The Homœopathic Medical College and the City Hospital.

"OFFICE OF HEALTH COMMISSIONER, CITY HALL,
ST. LOUIS, January 14th, 1881. }

Dr. S. B. Parsons:

DEAR SIR.—Your appointment as medical lecturer at the City Hospital was approved by the Board of Health, at the meeting held January 14th, 1881. The day and hour assigned you is Friday from 11 to 12 a. m. The appointment of Dr. J. M. Kershaw, as your alternate, was also approved. The students of all medical colleges in good standing are to be admitted to these lectures to the capacity of the amphitheatre. This arrangement to go into force Monday, January 17, 1881.

Respectfully,

CHARLES W. FRANCIS,
Health Commissioner.

Attest: ROBERT LUDEKING, M. D.,
Clerk of Health Commission and Board of Health."

We have had a clinic hour at the City Hospital all the time, but a new arrangement goes into effect now, indicated above and as explained below.

The arrangement is this: Certain men are appointed by the Health Commissioner to deliver clinical lectures at the City Hospital, each man having a day and hour assigned him. All students, no matter from what school, so it is in good standing, have the privilege of attending these lectures, to the capacity of the hospital amphitheatre. The following is the exhibit of the lecture staff, and the day and hour assigned each man: Monday, 10 to 12 a. m., P. G. Robinson, M. D., and A. P. Langford, M. D.; Tuesday, 3 to 5 p. m., Louis Bauer, M. D., and R. M. King, M. D.; Wednesday, 3 to 5 p. m., John T. Hodgen, M. D., and E. F. Smith, M. D.; Thursday, from 10 to 12 a. m., P. G. Robinson, M. D., and A. P. Lankford, M. D.; Friday, from 10 to 11 a. m., George C. Pitzer, M. D., and from 11 to 12, a. m., S. B. Parsons M. D., with Edwin Younkin, M. D., and J. Martine Kershaw as alternates.

Under the new arrangement, the students of the Homœopathic College have the privilege of hearing clinical lectures at the City Hospital delivered by Parsons and Kershaw, Homœopaths; Pitzer and Younkin, eclectics; Hodgen, Lankford, Robinson and Smith, O. S., and all without paying for hospital tickets. And, be it remembered, the students of the other colleges have the privilege of hearing *our lectures too*. This is certainly as good as could be desired, and we hope our readers will understand the plan and duly appreciate the advantages of St. Louis as a college centre. The cry that we were crowded out of the City Hospital has given us better advantages than ever.

PHILADELPHIA, January 1st, 1881.

DEAR DOCTOR:—At the "Hering Memorial Meeting" held in Philadelphia, on the tenth day of last October, at the same hour that similar Memorial Meetings were held in the chief cities of the United States and of Europe, it was unanimously resolved to collect the various speeches and eulogies delivered at these meetings in volume, under the title of the "The Hering Memorial," which should serve not only as an expression of the veneration and affection in which we hold the memory of our great colleague, but also as a monument to his surpassing excellence as a man and physician, more enduring than any structure in bronze or stone, and one, which, we are sure, would be more in accord with his own wishes.

The undersigned, literary executors of Dr. Hering, were appointed to edit this Memorial volume for which the materials are already in hand, and are merely awaiting the necessary funds for publication.

The Rev. Dr. Furness has kindly consented to write a short Memoir of his old friend, and this, with the material before mentioned and various papers furnished by eminent physicians and by personal friends, will make a volume of several hundred pages, which cannot but prove of great professional and historical value, and at the same time its contents will be sufficiently varied to prove attractive to general readers, even for the few minutes they are awaiting attention in the physician's office. The book will be handsomely bound and illustrated.

In order to accomplish this object, you are asked to send to any one of the undersigned, whatsoever sum you may find it a pleasure to give towards the publication of this book, in memory of one who gave freely of all he had to his beloved Homœopathy.

To all contributors to the publication fund, a copy of the book will be sent.

Messrs. Boericke & Tafel the well known publishers, have kindly consented to attend, without remuneration, to the distribution of the volumes; the sole expense of the book, the cost of paper, engraving, printing and binding. Whatever sum remains after paying these four items, will be presented to Mrs. Hering in the name of all the subscribers, of whose names a printed list will accompany each volume.

Very Respectfully,

C. G. RAUE, M. D.

121 North Tenth Street.

C. B. KNERR, M. D.,

112 North Twelfth Street.

C. MOHR, M. D.,

555 North Sixteenth Street.

THE NEXT MEETING OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.—Professor Dowling, of New York, President of the Institute, and Chairman of the Executive Committee, to whom were referred arrangements for the time and place of the next meeting, announces that it will be held at the Brighton Beach Hotel, commencing June 14th, and lasting four days. Brighton Beach is located directly upon the ocean, within a few miles of the City of New York. The hotel, which is one of the grandest in the world, is kept by James Breslin, Esq., well known to the travelling public as the former proprietor of the Grand Union Hotel

at Saratoga Springs, and at present proprietor of the Gilsey House, New York. Mr. Breslin pledges himself to do all within his power to make the stay of the members as pleasant as possible. Should he be lacking in seeking accommodations for all of the large number expected to attend, provision will be made for them to lodge at the Manhattan Beach Hotel, distant but two or three minutes by a railway along the beach. He has dining accommodations for 1,200. A banquet will be given to the members of the Institute and their friends who may be present, and arrangements will probably be made for an excursion (with supper on board the boat), through the Bay and East River, Via Hell Gate, to the Homœopathic Hospital on Ward's Island. Those proposing to attend the International Congress, which meets in London on July 11th, will have ample time for the voyage after the adjournment of the Institute. The President trusts and believes this will be the largest and one of the most interesting meetings of the American Institute of Homœopathy ever held.

BETTER TREATMENT OF THE INSANE.—Bedlam, with its untold horrors, has disappeared, and it is, doubtless, for the best that its history has not been and can never be written. It was an institution which exemplified total ignorance of insanity, and its blunders are buried deep in its own ruins. A better day dawned for the most unfortunate class of human beings when insanity became a scientific study, and the theory was promulgated that there was balm for mental disease and restoration for the deranged. The philanthropists and physicians have long been working diligently at the problem of reform in the treatment of the insane, and a great advance was made in the erection of large and commodious asylums for the special care and ministration of diseased minds. But experience has taught that the asylum system does not fully answer its purpose, and is by no means up to the general advance of the age that we live in. The great buildings, with their cells and barred windows, are little better than living tombs, and may be possible, and something that promises much better is suggested cast their baleful shadows upon all who pass within. Something better by a little pamphlet we have just received, "The Cottage or Family System for the Better Treatment of the Insane." It is by I. D. Rhynus, of Grand View, Denver, Colorado. The theory is that the diseased mind, for its cure, needs to be brought into close companionship with the sound mind, and that healthy employment and bodily freedom are great aids to mental restoration. The author of the pamphlet advocates the colonizing of the insane in cottages and families of fifteen or twenty, bringing them in constant contact with sanity, and keeping up their interest in life and activity, where no idea or shadow of a prison would be present in their home. The plan has been tried with the most astonishingly successful results, as facts have shown and various certificates incorporated in the book testify. I. D. Rhynus' statements and labors in this cause are endorsed by several of the leading men and prominent physicians in the country, and his cottage system to supersede asylums for the insane is worthy of wide public consideration. It is also highly recommended be economic advantages. The great asylums in every State cost millions upon millions, while the cottage system is clearly shown to be self-supporting.



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